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THE TROUBLED MIND

*A general account of the Human Mind, and its
disorders and their remedies*

By

HARRY ROBERTS

With Chapters on the Insanities

By

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PREFACE

THIS book is not intended as a text-book of psychology or of psychiatry. Rather should it be regarded as an attempt to explain, in simple language, some of the outstanding conclusions of contemporary psychologists, with such criticism as the experience of the authors suggests. One of us has been engaged in general medical practice for several decades ; the other has for many years been a medical officer at a hospital devoted to the care of mental abnormals. Such constitutes whatever authority we have

HARRY ROBERTS.

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I

THE MIND : WHAT IS IT ?

FROM the moment of our birth to the moment of our death, we are doing things, thinking things, and feeling things. Whence come the impulses to act as we act, to think as we think, and to feel as we feel ? It used to be taken for granted that, whereas animals are guided solely by instinct, man is guided by his unique faculty of reason. But we now know that the problem is much more complicated than that.

Every "instinctive" act performed by man or other animal involves a measure of reason, and every so-called rational act has an instinctive basis. The woman who rushes into the road in a hopeless endeavour to save her child is doing a deliberate, purposive thing, but the real motive force for her act is "instinct"—not reason or calculation.

Few people, however, recognize the real motive force behind their acts, for within each of us there is a constant urge to establish harmony between our various natural impulses, our sentiments, and the things we do.

Every one of us, at birth, was endowed with inherent urges which tend to preserve ourself or to secure the perpetuation of our species. But these inborn tendencies are often in conflict with the conventions of the society of which we are a part. It takes a honest man and a considerable philosopher to face this situation frankly. Most of us seek to find

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good reasons for having acted as we have acted—reasons of which society approves, reasons which satisfy our offended social impulse. Most people hate to think that they are driven by blind instinct. In our pride, we are inclined to believe that our course of conduct is deliberately and reasonably thought out, and that it was originated by our intellect.

But the intellect neither supplies the impelling force nor determines the ultimate aim of our doings. It merely helps with the steering and with the selection of the route. Even our knowledge rests on inborn tendencies and intuitions—the intellect serving only as a tidier-up, a sorter, a classifier. That part of the mind of which we are aware is but a small piece of the whole, and a very important part is played in our lives, our motives, and our activities by what has been called our unconscious or subconscious mind. Of this, more later.

We are equipped with sense organs which enable us to establish informative contact with certain aspects of what we call material objects. By means of sight, touch, taste, sound, smell, muscular resistance, and so on, all animals, including man, are able to distinguish, within very definite limitations, those things that are favourable to the continuance of the individual life or of the life of the species to which the individual belongs, from those which are potentially dangerous. Related to tangible, visible, or otherwise sensorily recognizable objects, a language has grown up in the course of centuries. Therefore, it has been comparatively easy to express the discoveries of anatomy and physiology, which sciences are concerned with the appearances, relations and functionings of our bodily parts ; whereas we have ready to hand scarcely a word adequate for the discussion, or for

PSYCHOLOGICAL TERMS

the classification, of the happenings of mind. Consequently, in order to explain to others their discoveries or reflections in the realm of mind—that is, of feeling, thinking, and willing—psychologists have been driven to adopt words that were invented to describe or characterize material things, between which and the mind we are unable to conceive of any relation other than one of co-existence and co-operation. Whilst this adopted nomenclature has certainly helped to create an interest in the world of mind, it has, also, led to a terrible amount of shallow thinking and false conception.

However, there are certain terms without which at the moment we can hardly get along, and perhaps the first thing we ought to do is to attempt some kind of definition or explanation of these terms. These explanations can be but in part satisfactory; yet, until we get some common understanding as to what we are talking about when we refer to the Conscious and the Unconscious, Conflicts and Complexes, Repressions and Suppressions, Sentiments, Character, Personality, and so on, any helpful relation between writer and reader is impossible.

Until a very few years ago, psychology shared with political economy all the honours that dullness and futility offer. This reputation, though largely based on a misconception or actual ignorance of the latter science, was well-earned by the former. For a science that throws no light on phenomena is justly considered futile. Orthodox psychology, as commonly expounded, was little more than a catalogue of technical terms, scarcely more mutually related than are the drugs enumerated in a text-book of *Materia Medica*. Farwin, and the biologists who succeeded him, constantly let fall remarks calculated to disturb the

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complacency of the professors. But it was the Austrian physician, Freud, who really got a grip of the pillars and pulled the building about their ears. The light thus admitted stirred into activity the stunted plant, and psychology suddenly became vigorous and interesting.

Men of active temperament and practical bent who could never have been induced to go on gazing year after year at their own navels eagerly entered on the path now opened up. The basis of the new psychology lay in the fact that mind, like matter, may be usefully studied by other methods than that of staring at it. Once it had been clearly stated, it became obvious to everyone that many, probably most, of man's acts and thoughts and emotions are associated with mental processes remote from those revealed by introspection.

But, even at the present time, professed psychologists are hopelessly divided among themselves, not only as to the legitimate methods of their science, but even as to its aims and subject matter. It is true that representatives of every "school" contribute, from time to time, valuable additions to the heap of relevant knowledge. But there can be no doubt that the value of their work would be very much greater if some common agreement were come to as to the goal of their several efforts. This should not be impossible, for, to the non-partisan, there would seem to be no fundamental or essential conflict. Such just grounds for irritation and even contempt as are afforded to their critics by the various protagonists are nearly always examples of individual mental confusion rather than of basic absurdity.

The Functionalists are clearly right in arguing that mental processes are but phases of a single, more or less continuous, mental activity, and that to divide these processes into "ele-

LIMITATIONS OF INTROSPECTION

ments " is a piece of pure abstraction, in no way comparable with the splitting up of a chemical substance into its components. All the same, the Structuralists may well reply that, although their method is non-realist, yet it has yielded, and continues to yield, results the value of which few would dispute, and they can point to the successful employment of their method in the physical sciences.

The Mentalists are right enough in arguing that psychology is not the science of behaviour, but of the mind; and that it is concerned, not with movements and activities visible to the eye or positive to the touch, but with those events which occur within the self, between stimulus and reaction. And, yet again, it is difficult to refute the contention of the Behaviourists that we have no possible means of observing or studying the mental processes of others—to say nothing of other animals—but by noting their behaviour under natural and experimental conditions and, by the processes of analogy, drawing inferences.

The evil responsible for the greatest amount of confusion is the absence of an agreed definition of mind, ridiculous though this statement must appear. There remain many conservative students who refuse to recognize as mental, and therefore as objects of the science of psychology, anything outside the range of consciousness. To such, of course, many of the methods of the "new psychologists" must seem crude and inadmissible. Little, if anything, beyond introspection, appears to them necessary. They are undeterred by the comparative barrenness of the land explored for many decades by those who rely entirely on that method of investigation.

Everyone must see, under what limitations introspection operates, even in dealing with conscious mentality. As we

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contemplate our fear, our fear becomes changed, so with anger, or any other mental state. To quote William James: "the attempt at introspective analysis is like trying to turn up the gas quick enough to see how the darkness looks" But even greater limitations of the introspective method are evident if we adopt the wider definitions of mind now general

What, then, is mind? In the first place, it is, if we accept the present conception of the physical world, found only in conjunction with living organisms. Its most characteristic manifestation is that which distinguishes living from dead things, namely, purposiveness—not necessarily purposiveness in any ultimate or metaphysical sense, but in an immediate one. However elaborate an hierarchy of mind we may build up, few will deny that the faculties of discrimination and self-preservative selection occupy some, though possibly a humble, place within its realm. Such faculties cannot be excluded from the possessions even of unicellular organisms, whilst, in multicellular animals like ourselves, where great differentiation has occurred, it is impossible to account along the ordinary lines of physics for the remarkable discriminatory activities of such cells, for example, as those which line our intestines and the tubules of our kidneys.

There is, in fact, something in living organisms altogether distinct from anything we attribute to the inorganic. It is to this that the term "mind" rightly belongs. It is mind in that sense that gives a purposive turn to the physical processes of our bodies, and in its higher developments is able to create and deal with abstractions far removed from elementary sensation. It is true that the work of science is confined to description, classification and explanation, and that scientific explanation is essentially causal in its nature.

PURPOSE AND BEHAVIOUR.

But the biological sciences differ from the physical sciences—as at present treated—in that in the former causation is not a matter of invariable antecedents only. There are, in biology—to adapt Aristotle—two “causes,” the antecedent and the end. To argue, as Moore does, that “science has to do entirely with causes, and ignores purposes”—which are the province of philosophy—is to deny the possibility of sane physiological or of any biological science.

There are two departments of physiology, concerned with one and the same set of facts regarded from different angles. One, physical physiology, deals mainly with antecedent “causation”; the other, psychological physiology—that is, psychology—mainly with functional or purposive “causation.” To eliminate all consideration of behaviour and of aim from physiological inquiry is just stultification, qualifying for admission to the fairy asylums of the “Bab Ballads” and “Alice in Wonderland.”

It is said that there are still to be found notable men of science who hold that all the phenomena of life may be, and ultimately will be, classified, and their sequences explained, by a stern application of the methods and laws of physico-chemistry. But such an attitude is nowadays rare among biologists, physicists and chemists alike. The revolt against the doctrine of vitalism, about the middle of the nineteenth century, led to the general acceptance by physiologists of a purely mechanical explanation of vital activities; and the amazing results of the whole-hearted application of chemical and physical methods which followed this change of attitude seemed to justify it. With the still further elaboration and perfecting of the technique of laboratory research, however, difficulties again became apparent; and facts and factors not fully explicable along these lines began to show themselves.

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In all living organisms, including man, we find structure and movements of parts identical with those observed in "inorganic" phenomena. But, wherever there is life there is present also an active tendency (not apparent in the inorganic world) to maintain normal mass, composition, structure, and to preserve the existence of the organism as a whole. Indeed, the subtle co-ordination of every part and every activity in the interest of the whole organism, as if they were imbued with a common purpose, is, perhaps, the most strange and significant fact in psycho-physiology. It is this tendency and this co-ordination, which cease at the moment of death. Yet, the sciences and methods of physics and chemistry—at any rate as they have been conceived until lately—remain fully applicable when life has departed, and no factor of which they can take notice has disappeared.

There are, in fact, running through vital phenomena certain factors not yet adequately explained on a mechanical basis. Many scientists believe that ultimately these factors will be found to come within the physico-chemical category as it is now formulated, others believe that these factors are non-material, coming, according to the preconception of the observer, within the realm of theology or of psychology.

Even McDougall's definition of physiology as concerned with the investigation of "the processes of the parts or organs of which any organism is composed," as distinguished from the activities of the organism as a whole, is already hopelessly out of date; and it is becoming increasingly difficult to exclude psychological considerations from the adequate treatment of any physiological problem. It is a synthesis of the sciences—a veritable league of sciences—rather than a more pronounced delimitation, that can be faintly discerned on the horizon. There are even signs of the crumbling of the

PRESENT CONFUSION

ancient barrier between science and philosophy ; for it becomes more and more difficult to satisfy the inquiring mind with an analysis of any group of phenomena that entirely disregards " purpose " and " value "—which, as well as " causation," are essential to real understanding

Apart altogether from this question of overlapping, there is still in many high academic quarters a disposition to lump psychology with astrology and alchemy, rather than to give it a place, even the humblest, within the federation of modern sciences. It has, partly through the queer goings-on of some of its exponents, and a widespread carelessness among its students in the use of terms, brought on itself abuse of the most varied kinds. It has been charged, at different times, with woodenness and with formless plasticity, with aloofness and with insolent familiarity, with star-gazing and, latterly, with prying pruriency, and we find many intelligent people discouraged and alienated by the mutual depreciation of rival schools and rival prophets. The Behaviourists, the Neuro-psychologists, the Freudians, and the rest are rarely content to illustrate the possibility of pursuing truth along this or that particular route ; but often seem preoccupied rather with demonstrating the futility of the methods adopted by others

Directly we try to bring modern psychological doctrine to bear on what are called the practical affairs of life, we realize how great are the artificial difficulties created by applying to new scientific concepts old familiar terms that have clothed themselves with homely and unanalysed meanings. This difficulty did not forcibly present itself so long as the old science of what we may call dissecting-room psychology was in possession, and it is hard to realize how very new psychology, as now understood, really is. It is probably an

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"easier" science for the intelligent novice, fresh, as it were, from the world, than for those long accustomed to contemplate the psychology of the Victorian neo-medievalists. Words like "thinking," "willing," and so on, have come to mean to the scientist something so unlike the imaginary processes which common sense had associated with these words that clarity would be promoted were they put on the Index

A recent writer lays it down that "the fundamental fact of applied psychology is that the individual is the unit of action, and all advance in this science must rest upon a knowledge of the laws of individual behaviour, and the conditions which affect it" This, though ill-expressed, states a truth which psychologists in the past have often neglected. So long as the mind was regarded as composed of a number of distinct parts, loosely joined together, the individual mind could never seem a coherent living thing, or even a coherent work of art. It is only when we come to realize the biological unity of the mind, its purposiveness and what may be called its fundamental æsthetic, that psychology can even begin to be usefully applied to the daily problems that confront us, both as separate units and as members of a social group. But, so far, the limitations and difficulties of applied psychology are altogether more imposing than are its achievements. The novelty and significance of the recent additions to our knowledge that have been made in this department of science have a little blinded us to our almost total ignorance of nine-tenths of the unexplored country of the mind. It is when we seek to apply our knowledge to the problems of business, of politics, of medicine and of education that all of us who are not hopelessly complacent feel how little we know.

RACE LIKENESS, INDIVIDUAL DIFFERENCE

The very first question, for instance, which the intelligent educationist must ask of this science is as to what is really inherent in the human individual—and therefore not open to modification by suasion, precept, or example—and what can conceivably be bent, moulded, developed, or repressed by any of the methods open to the teacher. Question after question as fundamental and as relevant arises at every step ; and to few of them can psychology yet give us more than tentative replies

He were a bold man who would to-day affirm the natural mental equality of all mankind. At the same time, a great many of the cocksure popular verdicts upon intellectual and emotional race differences fade in the light of more exact observation and experiment. One authority, indeed, states that "the upshot of all experimental tests seems to be that the racial differences in fundamental qualities independent of training are slight." This agrees with R. S. Woodworth's conclusion that as between whites, Indians, Eskimos, Ainus, Filipinos, and Singalese, the average differences are small. As between these groups, however, and between the Igorot and Negrito from the Phillipines, and the few reputed Pigmyes from the Congo, the average differences are great, and the overlapping small. Woodworth, however, was inclined to doubt whether even these differences were as real and fundamental as the particular tests applied would suggest. The inborn differences are between man and man, rather than between groups or races, and we cannot doubt that there is a very great individual variation in the inherent capacity for attention to sensory impressions of any kind—a variation which no training or education can possibly overcome. Anyone who has reflected on the nature of intellectual processes and on intellectual differences will realize the

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severity of the handicap which congenital incapacity for attention involves

But perhaps the most interesting of all our inborn characteristics is that which determines the peculiar ratio between the appeals made to consciousness by stimuli applied to the various senses. The attention of one individual may, quite naturally, and spontaneously, be given to certain kinds of stimuli, whilst others tend to be more or less neglected. Thus, of two persons of approximately equal sensitiveness, one may automatically give abnormal attention to auditory impressions, and the other abnormal attention to things seen. Such, one may assume, are fundamental conditions for the higher appreciation of music and pictorial art respectively. Their relevance to educational practice is obvious. The bearing of psychology on education, indeed, is so great as to make trivial any educational theory or scheme which disregards it. Everything in human progress that calls for our admiration is based on successive victories over common sense. It is the mind of the exceptional man or woman rather than the common mind which makes possible the next step.

A phenomenon throwing much light on the workings of the mind has, in recent years, been studied and displayed by the great Russian physiologist, Pavlov. His investigations into what are now known as conditioned reflexes have illuminated that side of psychology which borders on the physiological—that is, on the functioning of the body—as revealingly as have the studies of Freud its even darker and more mysterious sides.

The simplest form of psychic activity is manifested in what is called reflex action. The most elementary unicellular organism may be observed to withdraw—presum-

ably unconsciously and automatically—from an object hostile to its kind. The most inexperienced infant quickly withdraws its hand from the red hot ember. The most self-controlled of us cannot prevent the eyelid from closing over the eye as the foreign object threatens it. There are certain automatic reflexes, commonly used by doctors in diagnosis, when they wish to test the effective conductivity of the nervous system. We have lots of traditional sayings illustrative of such simple reflexes. Everyone knows that, normally, the mouth waters (the salivary glands pour out their secretions) when, assuming that we have not yet fed, we smell the frying bacon, or the savoury grill. These responses are, so far as our conscious wills are concerned, entirely automatic. They are born in us, and nearly all of us react similarly. In contradistinction to the reactions about to be described, these have been named unconditioned reflexes.

It is not here necessary to describe in detail the experiments—not all of them quite inoffensive to our humanitarian sentiments—whereby Pavlov arrived at and established his very important conclusions. Beginning at the elementary fact that, at the sight of appropriate food, the digestive glands in a dog's mouth pour out saliva in measurable quantities, Pavlov next showed that, by presenting, coincidently with the appearance of the food, some other quite irrelevant sensory stimulus, such as the ringing of a bell, and by repeating this coincidence of stimuli at every meal over a varying period of time, after a while the irrelevant stimulus applied alone produces exactly the same reaction or reflex as did the stimulus to which the dog was originally attuned by nature to respond. That is to say, the ringing of the bell was found to bring about the same reaction as the

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presentation of the meat itself. This is the simplest form of what is meant by a conditioned reflex.

Reflexes of the inborn or unconditioned type are common to every normal or healthy member of any given species of animal, including man. But the conditioned vary from individual to individual according to his environmental circumstances. All dogs react automatically to the presence of food when they are hungry ; but it is only a particular dog that similarly reacts when he sees or hears approaching the man who customarily feeds him.

Pavlov showed that, just as a conditioned reflex can be built on an inherent one, so another conditioned reflex may be cultivated on that conditioned reflex, and so on, theoretically, almost *ad infinitum*. The speculative significance of these discoveries is very great ; and Pavlov and his disciples have created a body of more than plausible supposition of the highest importance to psychology. It is, however, important to know that, however lofty may be the edifice thus built and however numerous may be its stories, at its base must lie one of those unconscious unconditioned automatic reactivities that are as much an inborn part of us as are our eyes and the colour of our hair. We may not, of course, be aware of the original innate unconditioned stimulus on which the new "conditioned" stimulus has been grafted. Obviously, the dog, whose salivary glands have, through repeated coincidence, come to respond to the ringing of a bell, is conscious of that sound, yet may not at all understand the sequence of events.

It is not, however, only in the world of simple physical reactions, such as salivation or the closing of the eyelids, that this process of conditioning—of grafting one seemingly irrelevant stimulus on a "natural" or inborn one—is of

CONDITIONED EMOTIONAL RESPONSE

importance. Probably, each of our simple emotions is inherently or, as it were, instinctively responsive to, or coincident with, a limited number of situations or provocants. Our adult emotional experiences are mostly complicated blends of the elemental emotions; and they are stimulated into existence by situations often having little or nothing, beyond associated time or place, in common with the original or native stimuli.

Just as with the simple physical reflexes, so with these emotional ones. The mere coincidence in time of a primal or natural stimulus and an "irrelevant" one (especially if the latter is frequently repeated, or if the total situation is intensely provocative) may be sufficient to establish a liability to all sorts of emotional outbursts that, both to the individual and to his friends, seem inexplicable—unless the early history of the conditioning is known and remembered. Here is a typical example given to me by a friend on the day on which I write this. I will quote her words verbatim. "When I was a child, at the kindergarten school where I was sent, we used to file out to a little song called 'Buttercups and Daisies'. Any girl who had given trouble during the day was stopped, by a firm hand on the shoulder at the door of the room, and taken out of the file to be 'kept in.' To-day, some forty years later, I still experience a feeling of dread whenever this innocent little song is played or sung."

II

THE PSYCHO-PHYSICAL MAKE-UP OF MAN

EVERYONE who has learnt the elementary truth that the human body is composed of millions of highly complicated microscopic units, or cells, each of which is engaged in vital work far more elaborate than that of any machine made by hands, must at times have reflected with awe on the efficiency of the organization which ensures the harmonious co-ordination of all these specialized parts

Most people assume that, in some mysterious way, all the activities of the body are controlled and harmonized by means of the brain. They know that when we wish to raise our arm, or to walk, telegraphic messages pass from the brain, through those communicating cords which we call nerves, to the several muscles concerned in the particular movement. The brain may therefore be regarded as the central instrument whereby such voluntary action is effected and regulated

When we read or hear the expression, "the nervous system," we vaguely visualize a network of living telegraph wires conveying messages from all parts of our bodies to our conscious minds, and bearing messages or orders, dictated by our conscious wills, to our muscles and organs. This is a rough-and-ready description of one of our nervous systems ; the one of which we are most directly aware

But our conscious selves and our conscious wills are relative

ORIGINS OF THE NERVOUS SYSTEM

novelties in our biological history. Although they have supremely modified the methods of our functioning and the very profundities of our being, they have not replaced or made unnecessary the more primitive, more "automatic" rule or government on which they have been superimposed.

Owing to the nature of our intellect, it is difficult or impossible for us to imagine anything arising out of nothing; and, therefore, we can but suppose—and research has given considerable support to the supposition—that the nucleus or potentiality of every faculty and structure in the adult human being exists, not only in the fertilized ovum which was the material beginning of each one of us, but also in those simple, primordial forms of life, from which biologists believe that we and all other animals are descended. Therefore, even within the simplest multicellular organisms, indeed within their unicellular ancestors, might—given the necessary instruments of observation—be discovered the beginnings of a nervous system.

But the first method of communication between the parts of a living being was chemical rather than electric—if we may use these terms while they yet have some differential significance. As evolution proceeded, certain collections of cells were specialized or told off for the purpose of manufacturing chemical substances or drugs which, when liberated into the circulating fluid as occasion demanded, provoked suitably protective or defensive reactions in the organism.

Such specialized collections of cells exist in us to-day, in the form of the thyroid, pituitary, adrenal, and other ductless glands. They play a part in our life so important and fundamental that if any one of them—relatively tiny though it be—is extirpated, or destroyed, disease or even death inevitably results.

THE PSYCHO-PHYSICAL MAKE-UP OF MAN

But, at a comparatively early stage of animal development, this sort of chemical postal service was supplemented by a nervous system enabling messages to be sent from one part of the body to another with much greater speed.

All those vital processes connected with the circulation of the blood, the muscular contraction of arteries, the processes of digestion and intestinal movement, the secretion and general activity of glands, and so on, over which we have no power of deliberate control, are regulated by means of the autonomic nervous system, generally in co-operation with ductless or endocrine glands. So intimate, indeed, is the connection between the endocrine glands and their secretions, on the one hand, and the involuntary or sympathetic nervous system, on the other, that, in practice, so far as results go, it is often a matter of indifference whether a stimulus be given to the appropriate glands or directly to the sympathetic nervous system.

In either event, the department stimulated acts instantly as a stimulator of the other. Moreover, both the endocrine glands and the sympathetic nervous system are related in an intimate and remarkable way with emotional states, evidently the earliest form of mental activity. Nor, if we reflect, is this difficult to understand from a utilitarian or teleological point of view. For, in the earlier days of our history, when the struggle for life and survival was much more immediately urgent than it is to-day, it was probably necessary that every reaction of the organism, psychic and physical, should be life-preserving in its purpose.

Certain emotions, at any rate, clearly had their origin in purely biological utility; and it is interesting to consider how one of the simplest and most definite of these, the emotion of fear, sets going, through the instrumentality of the

THE PHYSIOLOGY OF FEAR

endocrine glands and the sympathetic nervous system, a series of physical processes all calculated to assist an animal in escaping from some pressing danger.

Briefly, this is the story. Danger is scented, and an emotional condition is automatically provoked. By direct action of mind on matter, which we can but state without pretending to understand, the little adrenal glands, situated above the kidneys, pour into the blood circulating through them an increased, though still only infinitesimal, amount of the drug adrenalin, which it is their special function to manufacture. This adrenalin in the blood incites the sympathetic nervous system to set going a number of remarkable events. The small arteries and capillaries of the skin and of the alimentary canal become constricted, so that the skin becomes pale, and more blood is available for the muscles. Through the rise in blood-pressure, consequent on this constriction of the vessels, the force of the heart's beat is increased.

The heart also is directly provoked into increased activity, its rapidity as well as the strength of its beat being increased. The muscles involved in respiration, in like manner, are stimulated so as to provide the additional oxygen needed for the muscular work about to be performed. But this work will need not only oxygen but also fuel. The principal fuel used for this purpose is a form of sugar, the material for making which is normally stored in the liver. The adrenalin in the blood, or the stimulated sympathetic nervous system, causes this sugar to be released, so that it may be conveyed in the blood to the muscles, where it will be needed for the liberation of actual energy.

Here we have a remarkable series of events, purposive and self-protective to a degree, carried out entirely without the participation of our reflective intellects or our conscious wills.

THE PSYCHO-PHYSICAL MAKE-UP OF MAN

There is clearly within us either another personality beyond, or a much more complicated personality including, the one which we customarily regard as essentially ourself.

There has, in recent years, sprung up a new branch of medicine known as endocrinology, which seeks to remedy many morbid conditions by supplying artificially prepared glandular secretions, to a lack of which various morbid conditions are assumed to be due. Already, this new form of treatment has many victories to its credit. Nor have these victories all been in the realm of physical disease. Mental, no less than bodily, troubles have, in some instances, been found to be intimately associated with deficiencies in one or other of these internal chemical factories.

"The disease known as myxoedema, for instance, manifests itself at least as much on what we call the mental plane—by apathy, and by slowness of thought and of speech—as on the physical, where it shows itself by lethargic movements, by puffiness of the surface tissues, by dryness of the skin, and by a slowing down of nearly all the body's normal activities.

Myxoedema is now recognized as resulting from incapacity in one of the endocrine glands—the thyroid—to produce its normal product, and the disease is remediable by the administration of preparations of the thyroid glands of other animals.

The remarkable change from sluggishness and general physical and mental impotence to normal intelligence and normal activity of body in a myxoedematous patient to whom a course of thyroid extract has been administered is, indeed, one of the miracles of modern medicine. The appalling condition known as cretinism, which is endemic in certain districts—districts usually characterized by a deficiency of iodine in the soil, and therefore in the water and in the

THE ENDOCRINE GLANDS

vegetable produce—is, like myxoedema, apparently consequent on a lack of thyroid secretion.

Abnormalities in another of these glands, the pituitary, are said sometimes to lower the power of restraint so that victims of this condition “ may lie, steal, and commit offences in a foolish, pointless way ; often, it would seem, merely to attract attention ” To quote Dr. Langdon Brown, “ they are very prone to fantasy-thinking, seeking a dream world in which to escape from their feeling of inferiority.” He quotes as characteristic an instance of a girl who “ stole a gold watch from a schoolfellow, and on her return home for the holidays told her mother it had been given her as a prize for good conduct ”

Abnormalities of the pituitary gland are often associated with the strange condition known as gigantism Nearly all the celebrated giants of history, whose bodies or skulls have been examined, have shown evidence of this anatomical peculiarity. The magic bottle which Alice found in Wonderland does not seem to be so far from reality after all

The remarkable changes in the mind and the emotions which take place in boys and girls at puberty are associated with, and directly dependent upon, the activity of the peculiar endocrine glands characteristic of the two sexes

Certain abnormal developments of the adrenal glands, again, are associated with exaggerated virility or masculinity , and it is possible that some of those emotional abnormalities which, as reported in the papers, at times attain such sinister proportions, may have this comparatively simple organic explanation. It is, indeed, these primitive mechanisms and structures that still directly control and regulate the fundamental processes of our bodily life And, remembering how closely they are bound up with our emotional states, it is not

difficult to understand that, whilst, by no conscious exercise of will, can we alter the beating of our heart or hasten our digestion, these results are constantly being brought about by such psychic states as fear and anger, love and hatred.

There are, of course, differences both in kind and in degree ; but there is very much in common between the knowledge and skill of the modern competent physician or surgeon and that of the competent garage engineer. Much of the inter-relation between the parts both of the petrol engine and of the human body is comparable in its measure of predeterminativeness , and, in order that the efficiency of the body, as of the engine, may be maintained or restored if damaged, a knowledge of this inner relation is absolutely essential.

No less true is it that, for the maintenance of mental sanity and for the restoration of mental equilibrium in the conditions of civilization, a knowledge of the mind and of the relations between its several parts is called for. We have no sure means of knowing the nature of the mind of any other animal , or, if it comes to that, of any fellow man or woman. We can only infer the nature of another mind by observing the reactions of that other, and by comparing those reactions with our own when similarly provoked. Reasoning thus, we may well enough assume that all normal men and women have, superimposed on those mental faculties that we share in-varying degrees with all the so-called higher animals, and in steadily diminishing degree with all those seemingly more distantly related to us, a sort of hierarchically superior faculty of which, in all but our nearest biological relatives, there is but embryonic trace in the animal world. „We pride ourselves in that we are “thinking animals,” as a man may pride himself on possessing a Rolls car. The possession of a thinking faculty is certainly a distinction , but it is a distinction

THE VALUE OF THINKING

that those of us at large share with all the inmates of every mental hospital. Its mentally hygienic value to us is to be judged by our behaviour—by the use we make of it in promoting harmony between our several inborn urges and between ourselves and our external circumstances, human and material. Intelligent thinking in itself is no mark of mental sanity; the theorizings of the insane are often, within the limits set by their premises, as logical as are those of the wisest and sanest of their fellows. Their futility consists in their unrelatedness to the conditions of human life. There are all sorts of abstractly æsthetic and ethical objections to compromise, but compromise—which is but another word for adjustment—is of the very essence of earthly life. That equilibrium which spells health is not a static affair, rather it is to be looked upon as vibratory, or pendulum-like—constantly oscillatory between narrow hygienic limits, these limits being defined by our biologic recuperative potency. All life involves constant adjustment to a world that moves. There is really no such thing as a *state* of health or a *state* of disease, bodily or mental; for a static condition is the very negation of life, which is essentially and continually dynamic.

The prime function of the intellect is to enable us to adjust ourselves to an ever-widening range of circumstances and conditions. The ideal philosopher is a man whose mind has reached such a pitch of perfection as to make its owner supreme over every ordinary happening, enabling him to sail serenely over seas that easily wreck less perfectly-balanced craft. The contribution which our conscious thinking and willing faculties can make to the maintenance of sanity is quickly to bring to the scales of judgment all relative accumulated knowledge and experience to which emotional affect attaches, so as to enforce the potency of that inherent urge, the

THE PSYCHO-PHYSICAL MAKE-UP OF MAN

expression of which is most apt to such a solution of the immediate presenting problem as will tend to true harmony within us and between us and circumstance. True and valuable as all this new psychological knowledge is, it has, unfortunately, led half-educated persons who still constitute the overwhelming majority of civilized people—to assume that the attainment and preservation of mental and physical health are so nearly automatic processes that our conscious intellect and our conscious will have little or no useful part to play. According to this fatalistic notion, all that we, consciously, can do is to look on at the behaviour of ourselves and of others, and thus satisfy our curiosity and learn tolerance.

This is a mistaken and a very unfortunate view. We have no faculty that enables us to know, or even to form a satisfying picture of, universal reality, which seemingly must remain for us a mere abstract term, for which we might well substitute the word, the “unknowable.” The utmost we can do is to observe and learn the relations between things and events and to employ our constructive faculty in rearranging, within well-defined limits, certain of those things and events in order to bring about results more in consonance with our desires than would be the results if we played no interfering part. It is in this way, and by the exercise of such faculties, that all the mechanical inventions of man have come into being, from the spade to the motor car, from the reed-pipe to the wireless. Moreover, knowledge and acquired skill are needed for the use of these constructed things. We have found that even for the maintenance of the health of our own bodies—once they have been removed from the primitive environment to which they were originally attuned—some conscious application of acquired knowledge is necessary. In spite of legend, no children without any social heritage

CONSCIOUS CONTROL

beyond that derived from vulpine foster parents could have ever laid the foundations of Rome. This is true even of the most illiterate peasants ; but, as civilization becomes more intricate—further away from the conditions of un-humanized Nature—problems of adjustment become more and more urgent , and, to-day, something more than a reasoned scepticism is necessary to enable anyone to question the enormous gains to human well-being that have resulted from the study and increased knowledge of human physiology—that is, of our automatic mind-body mechanism, and of the ways in which our reasoning and conscious mind can both influence the course of our “ unconscious ” physical activities and the rearrangement of external circumstances to which our bodies automatically react.

This intellectual and conscious intervention depends for its value not only on the efficient working of our reasoning faculties, but also on our understanding of the unconscious motivating forces which are in immediate contact with our outward behaviour

III

THE UNCONSCIOUS MIND

AFTER studying the outstanding views of philosophers and psychologists on the nature and workings of what they call the "unconscious mind," the main impression left upon the average reader is that they are all talking about different things.

Until some kind of agreement is come to as to what is to be understood by the terms "mind" and "consciousness," discussions as to the nature and contents of the unconscious mind are bound to have a considerable element of futility. Clearly, we must allow the term "mind" to include phenomena beyond those of which we are said to be conscious. Clearly, also, such non-conscious mentality can be known to us not by any method of introspection, but by acts or appearances to which it gives rise. What, then, are the acts or appearances that may reasonably be attributed to the functioning of the mind outside our consciousness?

When the unicellular amoeba moves towards, and encloses within itself, a gastronomically desirable particle, or withdraws from a fragment of one of its scheduled poisons, we would seem to be confronted with early evidence of mind. But, within our own multicellular body, individual cells such as those of the kidneys, perform without cerebral hint constant acts of discrimination at least as "vital," which no mechanical law of physics or of chemistry can begin to

PSYCHICAL EVOLUTION

"explain." Have we not here, also within the cell itself, evidence of mind at work? The example is but one of dozens of similar ones that might be quoted.

Are we to consider the psychic aspects of these phenomena relevant to our inquiry? It seems unlikely that we shall ever get a clear notion of the relation between our conscious mental activities and those of which we are "unconscious" until we learn much more about psychical evolution, not only in our individual lives, but also in the history of our species and of "lowlier" animal creation.

It can but be helpful to compare, step by step, the evolutionary modifications of the physical brain with the evolutionary modifications of behaviour that have coincided with them. "Localization of functions" may come to have a much more detailed and subtle meaning than has yet been shown. The steady development and enormous increase in complexity of the cerebral cortex—with its billions of inter-related nerve-cells and consequent unnumbered possibilities of neuron combinations—in the higher mammals, and especially in man, coinciding with a parallel development in subtlety of behaviour and notably of conscious behaviour, is a process that it were folly to treat as of no psychological concern or significance. This is very far from agreeing with such crude statements as Watson's. "We need nothing to explain behaviour but the ordinary laws of physics and chemistry." Even physics and chemistry themselves are coming to question the adequacy of their "ordinary" laws. Some students are even doubting if Bacon's "subtle perceptions" and "universal appetites and passions of matter" are quite so ridiculous as was supposed. It may, indeed, be wondered whether it was sound to divest so completely of "mind" those particles—electric or other—which are supposed to make up the

THE UNCONSCIOUS MIND

perceptible universe and constitute the units of the physical sciences

In the past, far too much time and energy have been wasted in the drawing of artificial boundary lines between the provinces of the various sciences. As in the analogous instance of modern medical art, some such specialization is expedient almost to the point of necessity. But there is always danger of arbitrary classifications getting, in time, to be mistaken for natural or fundamental ones, of vested interests growing up and ultimately proving obstructive. Psychology, being a late arrival, is confronted on all sides with substantial boundary hedges and threatening notice-boards. The estates of the philosophers and the biologists, the physiologists and the sociologists, are so wide that a new science, devoting itself to one aspect of phenomena already in other aspects under consideration by these specialists, is bound to find itself frequently trespassing.

It is certain that, in contemplating the unconscious aspects of mind as though they constituted a distinct entity, separate and cut off from the psychic activities involved in awareness, many of our philosophers have landed themselves and their disciples in a morass. When we begin to ride a bicycle, we are conscious of almost every adjustment needed. But, with practice and growing familiarity, our consciousness becomes less and less involved, until in time the riding becomes almost as automatic as respiration. The act of attention and the experience we call consciousness would seem to coincide. As acts became habitual, and sensations familiar by repetition, they more and more tend to disappear from consciousness, and less and less to occupy the attention. Possibly, similar laws hold good of many of those internal processes which we have been accustomed to regard as physiological—of

COMPLEXES, HARMLESS AND HARMFUL

the historical beginnings of which we have, as yet, no knowledge.

The true relation between consciousness and unconsciousness is probably much more nearly paralleled by that between the part of the landscape on which the sun shines and the part in relative shadow, or by that between the book we are reading and the other books that make up our library.

To a degree apparently unrivalled among animals, man has acquired the power of deliberately choosing the object of his attention, with a corresponding capacity for declining to attend to that which he finds painful or otherwise objectionable. It is not to these objects, on which man has consciously declined, for the most part wisely, to concentrate his attention, that the Freudian psychologists have mainly devoted themselves, but to the unconsciously repressed experiences associated with pain or shame. Their comparatively slender results, in spite of the profundity and probable soundness of some of their leading theses, are to be attributed principally to the fact that their studies have been almost entirely pathological. Complexes truly dissociated from the rest of the mind play a trivial part in the lives of most of us. Complexes themselves are, of course, common enough, and occasionally may be responsible for habits of attraction or avoidance which a little more exercise of reason would remedy.

All of us are, as we say, conscious of certain sensations, emotions, desires and so on; and this consciousness or awareness is commonly looked upon as a characteristic of mind as distinct from matter. But there are other forces or potencies of which we are practically, if not entirely, unconscious that are equally unweighable and unmeasurable by our customary scales and volumeters, which clearly must be classified with the phenomena of consciousness. We are, as has already been

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said, all born with urges and impulses that we can never abolish or fundamentally replace. They are as much a part of us as are the organs of our body. Every living thing is furnished with urges of this kind—tendencies to seek and to incorporate this and that, and to avoid that and this.

It is recognition of the existence of inherent urges and impulses of which we are often more or less unconscious that has given rise to the "New Psychology." Mind is not nearly so anatomically localized as the formalists of the last generation seem to have assumed. Indeed, it appears to interpenetrate each one of the millions of living cells of which our bodies are made up. Our brain would seem to be but a coordinating centre, affording material means whereby the multitudinous impulses and needs of the individual may be brought into harmony.

It is now established that all normal persons, that is ninety-nine per cent of us, are from birth imbued with certain urges, appetites and needs, psychic and material, that can, by no effort of will, be blotted out or disregarded. Some of these inherent impulses come into functional operation almost from the moment of birth; others, such as the propagative or sex-impulse and the maternal or tender impulse, at later and biologically more appropriate stages of our life, for there seems to be little foundation for the fashionable psychological theory of the moment, that the sex urge, in a camouflaged form, shows itself, though physiologically inoperative, from earliest infancy. It is in the starvation, stultification or perverse sublimation, of one or other of these inborn psychological urges that nearly all our so-called mental trouble originates.

Happiness and health are not quite the same thing, but they are very intimately bound up with one another. A man or a woman may be very happy and yet not be in the enjoy-

INHERITED INSTINCTS

ment of perfect bodily health. On the other hand, no matter how seemingly perfect and balanced may be an individual's bodily parts and functionings, if he is unhappy we may take it for granted that he is not truly healthy. For health implies essential harmony, not only between the functionings of the body, but also between the inclinations, urges and aspirations of the mind—and between these and external circumstances.

There is a tendency nowadays to minimize the importance, if not to doubt the accuracy, of the Darwinian explanations. This is neither the occasion nor the place for a fundamental discussion of the Darwinian theory, but it does seem as clear as does anything in science that *nearly all* our inherited bodily parts and psychic potencies can be accounted for by the fact that they contribute to the survival prospects of the individual or of the species to which it belongs—or that they did so contribute at that stage of world history on which they first showed themselves.

In the life of simple organisms—apparently including all the members of the plant world—there is no relation between the generations except that of direct heredity. Dependence on heredity characterizes also certain creatures of elaborately complicated habits, such as the ant and the bee. These animals do, it has been shown, learn something from experience, but nearly all their activities are determined by true instincts in which those processes of hesitation and balancing, which we call reason, as well as of education, play practically no part at all. The actual direction of these primal impulses, and the way in which they may be satisfied, are laid down in the germ-plasm, and constitute true inherited instincts. At a certain stage of its career, the butterfly feels a compulsion to lay eggs; but that is not the end of the matter. It has also an untaught instinct to lay its eggs on the leaves, or in the neigh-

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bourhood, of one particular kind of plant—a plant whose leaves are the natural food of the caterpillars which, months hence, will emerge from those eggs. The lives of ants and bees are almost as elaborate as those of human societies. But the activities of the individual ant or bee are practically all standardized, unoriginal, resembling in all essentials the activities of bees and ants in the time of the Pharaohs. Presumably, these creatures have not the privilege, or the bother, of having to make up their minds about things—to strike out a line for themselves. Pretty much every one of their activities is biologically pre-ordained. Man is born with very few instincts, but with powerful fundamental urges or trends; the forms in which they may be severally satisfied being largely determinable by environmental influences and by deliberate education. The recently born infant, it is true, placed near the nipple of its mother's breast, instinctively grasps it with its lips and carries out the series of elaborate movements known as sucking, presumably without any reflection or effort of conscious will. Right through our lives, unreasoned and not consciously willed acts are occasionally performed, as simply as is the infant's sucking at the breast. Yet, the commonplace fact known to, and recognized by, everyone, that almost all man's actions and reactions are unforetellable even by the individual himself, shows both to how great an extent our elementary instincts become in expression modified by circumstance, training and experience, and the variability of the forms in which our fundamental, inborn urges may be satisfied.

What, then are these primal urges that may be looked upon as part of the common inheritance of all mankind? In the first place, there is an inclination towards self-preservation—an urge to go on living. To the rational mind, it is often

PRIMAL URGES

difficult to understand why individuals who have lost all grounds for hope, who suffer constant pain with no chance of deliverance from it, who are friendless and alone in an uncaring world, can still cling to life almost with the passion of a lover. Associated with this self-preservative impulse—or, perhaps it were better said, manifestly part and parcel of it—are such urges as that to assert oneself, to raise oneself above the general level, to excel, or “shine.” It is in our very nature to want to be somebody, and to be unhappy in so far as we believe we are nobodies. Much of our righteous indignation is based on an envy of the superior splendour or more desirable status of others, whose luck we would gladly have had, or whose social performance we would gladly have contributed ourselves, had we been that way talented. A very large part of contemporary human unhappiness and of contemporary psychic disorder is directly traceable to a starving of this powerful instinctive urge—or, alternatively, to its faulty cultural development.

The second of the great inborn urges is the sex-impulse. Nature, or the force determining the direction of the cosmic current, seems to be more concerned with the continuance and the quality of races and species than with those of individuals. Throughout the animal and vegetable kingdoms, elaborate schemes—material and psychic—are to be found, having for their apparent object nothing but species or variety perpetuation—the reiterated production of new generations. It is interesting that the sex or reproductive instinct, though inborn, and in no way dependent on teaching for its development, does not in fact (*pace* Freudian fanatics) manifest itself at all in action and but little in mind, until from twelve to fifteen years have passed. This is, undoubtedly, one of the most powerful of human urges, and one of the most difficult to

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restrain or completely to sublimate. Marked anatomical and physiological changes in the body coincide with its conscious emotional emergence. Physiological needs can rarely if ever be entirely satisfied along purely psychologic lines and, as with each of our other native urges, we are bound, if we are satisfactorily and healthily to fulfil or appease it, to give some physiological expression, even though a deliberately tempered one, to the reproductive impulse. Human communities have, throughout history, been faced with the necessity of surrounding the physical expression of the sex impulse with all sorts of artificial restrictions. It may well be that to these restrictions we largely owe the highly emotional and almost mystic atmosphere that pervades the general attitude to problems of sex. Unfortunately, the desirability or, rather, the necessity, of restraint and regulation of the physical fulfilment of the sex urge has led to the widespread adoption of the notion that the physical expression of sex has something shameful or gross about it—something conflicting with the more spiritual and æsthetic sublimations which are more wisely to be regarded as its accompaniments.

The third great primal human impulse, again not a specifically self-preservative one, is the social or herd impulse. This is not nearly so pronounced in man as in certain other animals as, for example, sheep, horses and cattle; and far less marked than in those communistic insects, the ants and the bees, to whom, apparently, individuality and the individual life no longer have any value or significance. It is owing to our herd instinct that we often feel lonely, that we dread ostracism, that we hate feeling "out of it," even at a party—though in this last case, the self-importance instinct is likely also to be ruffled. Sympathy, "feeling with," is the characteristic emotion associated with the social impulse. We all know

THE TENDER IMPULSE

how enthusiasm spreads through a crowd ; and how panic. It is much the same with a herd of cows or a flock of sheep.

The fourth of the great primal urges also manifests itself months or years after birth. It is the tender impulse ; that which makes the mother instinctively love and safeguard her baby, the lioness her cubs, the bitch her puppies, and the male stickleback the fruit of his romance. Fairly early, the child, especially if it be a girl, usually shows a tender interest in young creatures, and in dolls that have the form of a baby or of a pet animal. This is the beginning of the so-called maternal instinct, associated with the emotion that we call tenderness or pity for the small or weak. Very many men have this instinctive urge and tenderness, but it is almost universal among women.

A fifth impulse, universal among us, and manifested almost from the day of birth, is that of curiosity, of inquiringness. The significance of this primal urge in determining the history and development of our species can hardly be exaggerated.

In the course of a recent very interesting book, "Love, Marriage and Divorce," by Dr. Macpherson Lawrie, the author gives a more elaborate list of ten inborn tendencies, with a view to helping his readers "to visualize more correctly the true make-up of Human Nature in the Raw." From this list, Dr. Lawrie deliberately omits those tendencies which manifest themselves in action only at a later period of life. Thus, he makes no mention of the sex impulse. Here is his list :

1. A tendency to seek and retain companionship.
2. A tendency to tenderness.

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- 3 A tendency to truthfulness
- 4 A tendency to self-regard
- 5 A tendency to experience fun
- 6 A tendency to fear the unfamiliar
- 7 A tendency to admire
- 8 A tendency to self-assertion in the pursuit of wants and self-provision
- 9 A tendency to curiosity
10. A tendency to resent injustice or injury

Seeing how interwoven with our actual selves are those fundamental survival impulses, and how any deliberate thwarting of them, whether by an artificial and unsuitable environment, by tyrannical convention, or by unreasoned personal fanaticism, must necessarily cause unhappiness and, generally, moral perversion, politicians, economists and industrialists pay too little attention to the question of how far our present or proposed methods of conducting industry, and our present or proposed social environment, are in accord with the essentials of man's inherited nature

Fundamental human nature is constantly being misinterpreted by reason of manifestations the form of which is largely determined by accidental and therefore alterable conditions. On the crab stock, it is as easy to grow Cox's Orange Pippins as the most flavourless of apples. It is true that it would be useless to graft the scions of plums or pears on such a stock, but equally foolish would be the prejudice that adduced apple nature as a bar to the production and growth of superior fruit. So, on our native stock of ancient impulses, may be grafted all the finest fruits that poets and seers have represented. It is, after all, on the herd instinct, which, springing from a common danger, caused men to dread

END RESULTS

isolation and continued solitude, that have been grafted such diverse scions as the British Nation, the Boy Scouts, and the public-house bar. On the maternal impulse grow all those feelings of compassion, pity and mercy, which, in the last hundred years, have developed so enormously, and have manifested themselves in a thousand movements, societies and laws.

IV

COMPLEXES, CONFLICTS AND CONVENTIONS

As has already been said, man is born with definite urges or propensities, but with few pattern instincts like those of the wasp or bee, and these ill-defined. Consequently, at any rate in civilized societies, he is driven to the exercise of reason and of choice. The whole mass of tradition, handed on by word of mouth and, in these latter years, by the printed page, furnishes him with a lot of ready-to-hand rules as to what he should do, and what not to do, in a thousand possible situations. These traditional rules of conduct, however, are but rough and ready generalizations; and therefore are not altogether helpful to everyone. Moreover, the circumstances of our civilization change more quickly than do those traditional rules that make up what we call social conventions. There is another consideration. As our civilization develops and the circumstances of our lives grow further and further away from the simple conditions attendant on the life of early man, the variety of means whereby our primal urges may express themselves with more or less satisfaction becomes even greater.

Faced with any actual situation, we thus ordinarily find ourselves responsible, not merely for the weighing up and harmonization of four or five inherited impulses, themselves often pushing in conflicting directions, but with dozens of elaborate complexes or combinations of these inborn forces,

PROJECTION

each with all sorts of emotional associations the roots of which are often not apparent, are indeed often unknown to the individual experiencing them.

Tansley has defined a complex as "a system of associated mental elements, the stimulation of any one of which tends to call the rest into consciousness through the medium of their common emotional effect"

Unfortunately, most of us, instead of facing our problems and difficulties, try to hide—even from our own consciousness—any impulse or complex that is distasteful to us. Thus we hope to get rid of the conflict or, at any rate, to make it painless

We nearly all have, concealed in our sub-consciousness, tendencies—as well as bits of personal history—of which, for good or bad reasons, we are ashamed, that is why we try not to remember them, or to acknowledge them, even to ourselves.

These buried complexes, however, do not always lie quiet in the graves we have prepared for them. Often they haunt us in far more sinister guise than when they lived on the surface. Such strange forms do they sometimes assume that only those who specially study such matters can recognize them for what they are, or rather for what they were.

Occasionally these complexes find expression by the curious process called "projection", the complex appearing to the individual as no longer a part of his own personality, but seeming to him to be a part of some other person, real or imaginary.

Habits, inclinations, or thoughts, of which a man is ashamed, he is inclined to "find" and to censure in other people, even though they may not possess them.

Chronic drunkards, for instance, are often full of complaints of the dissoluteness and extravagance of their wives.

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Dr. Bernard Hart tells of a patient of this type who was full of indignation at the conduct of his wife, whom he described as a drunkard and a spendthrift, neglecting both her husband and the children, and letting the home go to rack and ruin. Investigation showed that there was not the slightest ground for any of the charges, but that every one of them was true of the patient himself

By this act of projection, the man was able to replace pangs of remorse by a smug complacency. Had he continued along that course, we may be tolerably sure that, sooner or later, he would have found himself in a lunatic asylum

The grouser is generally a good hand at projecting. He is accustomed to put down all his shortcomings and failures to the poor quality of his tools, to his neglected education, to the wickedness of other people, or to the organization of society in general

Very often, of course, a man's complaints are both sound and justified. But the true grouser is very different from the genuine social critic. He is really engaged in smothering his conscience—that is, his own bad opinion of himself

Perhaps the most disturbing form taken by this mechanism of projection is that which leads to the assumption that the criticism and disapproval of our own conscience are really the active manifestations of the minds of other people—people, therefore, whom the victim comes to look upon as ever on the watch to find him out, to expose him, or to do him an injury.

This is what is known as persecution mania, a very serious mental disorder. A person so affected may make ferocious attacks on his neighbours, sometimes murder his closest friends.

The outstanding characteristic of this particular form of

COMPROMISING WITH OUR IMPULSES

insanity—paranoia, as it is called—is suspiciousness, though, until the mental breakdown occurs, there may have been little or no evidence of this.

The paranoic is likely to be well up to the average in reasoning power, in insight and in imagination. Commonly, he is above the average.

Mental complexes and conflicts, however, as they normally show themselves, are not diseases, but natural and inevitable ingredients or experiences of every human mind. We have faculties enabling us to deal with these conflicting impulses, to analyze them, and to assess them, and, when we have duly weighed them, to act either in accordance with the more weighty impulse, or in accordance with a judicious compromise in which each impulse is represented according to its importance to our master desire and aspiration.

We cannot escape from our primal urges and the complex masses of associations in which they have become enwrapped, though many people wreck themselves in a futile attempt so to do. We have, however, considerable power of selection as to the way in which they may fulfil themselves. This process of finding fresh roads along which our instincts may be satisfyingly directed is called sublimation. There are obvious limits to the degree to which sublimation can be carried. A canary does not provide, for a woman with a strong maternal instinct, an adequate substitute for a child. Part of the price of civilization is the impossibility for most of us of satisfying our elemental inclinations to the full, along the lines laid down in the primitive world. In the circumstances of contemporary life, intelligent and willing compromise is one of the essential conditions of human health and happiness. The chief value of human reason consists, not in its power to furnish us with alternative motive forces—for it has no such

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power—but in its power to delay our reactions to circumstance long enough, but only long enough, to bring conflicting impulses on to the screen of consciousness, to hear their several pleadings, and to assess them in the light of that integrated scale of preferences which is the essence of our personality and of our character. Then, and then only, can we be said to be in a position to act reasonably, intelligently. All the time, as cannot too often be restated, our problem is to establish and maintain harmony within ourselves, and harmony between ourselves and external circumstances. In so far as we are successful, we are justified in considering ourselves sane and healthy.

Unfortunately, many of us—through inherited or acquired weakness of character, or through impotence of will—try to find some easier, more self-indulgent, way out of our difficulties. Here we must beware of undue self-righteousness or complacency. The problems with which some people are confronted are such as could not possibly be satisfactorily solved by the exercise of even the highest degree of wisdom and courage. Richer than our ancestors, so far as the material needs of our body are concerned, as most of us are, our complicated civilization has made it difficult for all but exceptional individuals to satisfy that part of our psychic inheritance which the psychologists call self-assertiveness, or individuality. Daily, our industrial commonwealth, so far as nine-tenths of us are concerned, more and more closely approximates to the economy of the bee-hive or of the ant-hill.

We cannot if we would—and, if we could, we should be foolish if we did—detach ourselves from the great primal impulses of our nature, no matter how degrading from some idealistic standpoint may be the uneducated expressions of

USEFUL DIVERSION OF IMPULSES

those impulses. They constitute the whole of our motive force. Without them we simply do not exist. But that does not mean that we are doomed to spiritual or psychic slavery. Owing to the nature of our minds, and to the limitations of our imaginative faculties, we cannot conceive the possibility of an individual possessed of his particular, and particularly proportioned, impulses and inclinations, faced by this or that situation, acting otherwise than as in fact he does. Did he act otherwise, he would be another person, with a different psychic balance. It is impossible for us to imagine how even God himself could be different from what He is. Yet our mind equally forces us to recognize that, as we increasingly know and understand the nature and biologic purposes of our inborn impulses, so can we, within limits, divert this energy from crudely instinctive channels to others more in the direction of our developed spiritual and intellectual ideals. We have, for instance, a native impulse driving us to assert our individual selves, when that impulse is satisfied, we experience the emotion of pride. The existence and vigour of this primal impulse is an essential ingredient of health or wholeness. But it makes all the difference in the world, whether our ideal of self assertion consists in tyrannizing over or exploiting our less assertive or weaker fellow creatures, or in attaining a mastery over environmental circumstance and over those traits or habits in ourself that our higher critical faculties regret or despise. All the better, and all the more promotive of harmony, if the impulse towards self-expression is directed along lines common to the expression of the social or tender impulses.

Here is a passage from one of the pioneering works in this branch of science, A. G. Tansley's "The New Psychology," first published nearly twenty years ago "The instinct

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of human tenderness is the hope of the world, that and herd instinct in its most universal form. In their service can be yoked the instincts which, in their untamed activity, have wrought so much harm and destruction—partial herd instinct or the particularism of nationality and of class, acquisitiveness or the desire of possession, of wealth and power, combativeness or the instinct to fight whatever opposes desire—all these, as well as the constructive instincts, can be made to work for and not against the highest ideals.”

Our tendencies are by no means entirely confined to those primordial urges that are born with us, though they may all ultimately be traced down to those roots. In most of the simpler animals there would seem to be but rarely serious conflict between their inherent impulses in the face of such situations as commonly occur in their lives. The tender instincts of the hen blend harmoniously with her own appetite, as is evidenced when some suitable food is thrown to her and her brood of chickens. A similar harmony may be observed when grain is thrown to a cock and his harem. But, even among what we are pleased to call the lower animals, presumably possessing little capacity for abstraction or idealism, we find abundant illustrations of temporary conflicts of inclination. Anyone, especially a stranger, who, with bridle hanging on one arm and a bowl of oats in the other hand, attempts to catch a horse, loose in a meadow, will almost certainly have noticed the signs of the conflict going on in the horse's mind. Again and again, attracted by the rustle of the oats in the bowl, the horse slowly moves nearer; then, as suspicion and fear overcome him, he turns suddenly and moves further away, only to be urged by appetite again towards the tempting food. This alternation of preponderance of impulse may go on for a very long time, but, if one has

SOLUTION OF CONFLICT

patience, sooner or later the conflict is ultimately resolved—not always in the way one would wish

There are few moments in our lives in which we are impelled in one direction only, nearly always there are conflicting urges, conflicting desires. We find something within us driving us to satisfy some appetite, yet also recognize some sentiment urging us away from that course. Such, for instance, is the essence of the not infrequent contest between lust and love—that complex sentiment of which lust is not the most valuable ingredient

These conflicts of impulse are general throughout animal life. They are what we call “natural.” But if action is to result and life is to continue they must be resolved, and on the method of their solution very much depends. If the rival impulses are on the same plane, one or the other shows itself to be the stronger, and soon occupies the whole field of consciousness. When the rival forces are on different planes, however, the solution is likely to be less satisfactory.

During the Great War doctors were confronted with numbers of cases of psychic disturbance, roughly described as “shell shock.” Most of these showed signs of mental aberration in addition to physical symptoms, more or less marked, for which in many cases no wound or injury could account. These “shell shocks” were eventually recognized as being due to deep-rooted conflict—to a mental and emotional condition comparable with the old dilemma of an irresistible force coming up against an immovable object. Faced with the extreme of personal danger—apparently inevitable death—the earliest primitive urge, that of preserving one’s life, was met at its crest by every acquired intellectual and emotional complex of civilized man—the fear and hate of cowardice, the social or herd instinct, and the fear of personal disgrace.

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and even of punishment. The consequent conflict was too much for the mind to resolve. It turned its back on reality, and took refuge in a dreamland where ordinary human values no longer obtain.

This is conflict between primitive and civilized value. A more common one is when two civilized emotions on the same plane pull different ways with almost equal force. We are apt to be a little ashamed of our primal appetites and of our primal fears. When conflict arises between these elemental urges and motives of which we are more proud, we are inclined to pretend to ourselves that the former do not exist—to push them out of our consciousness.

The tendencies of men and women are far more numerous and far more complicated than are those of any other animal. Our primal urges are supplemented by all sorts of sentiments, some of them elaborately interwoven. The possible lines along which our elemental urges and inherited instincts may express and satisfy themselves are no longer to be counted on the fingers of our hand. The possibilities of conflict are thus enormously increased. Through the development of our reasoning and imaginative faculty, combined with our marked suggestibility, we have sublimated most of our inherited inclinations almost beyond recognition. The conflicts between the tendencies thus brought into existence can no longer be "healthily" resolved other than by the application of knowledge and conscious willing. But, unfortunately, not all the relevant considerations are available for our conscious observations; nor are most of us aware of the inclinations that are at conflict. Of only some of our motives are we conscious; since many of them have, either through our false shame or through our conscious contempt of them, dropped or got pushed back into parts of our mind at which we rarely or

THE CONTROLLING FACULTIES

never look. Candid, self-critical, truly honest people can, at will, bring some of these into the open court of consciousness and give them fair and honest trial. But, commonly, there are many other impulses or tendencies, potent in determining our actions, which, by no effort of will or exercise of candour, we can in normal circumstances bring within the area of our conscious vision.

These impulses and inclinations, buried in the mind beneath the level of consciousness, and in normal states not evokable, can yet be brought to the surface in special circumstances. In considering these problems, we are almost driven to adopt symbols and language not strictly apt. The reader, therefore, should not take what follows in too literal a sense. Let us then assume that there is a kind of hierarchy of the mind, and that the reasoning, critical, contemplative and imaginative faculties, those which in our evolutionary history have most recently assumed prominence, are nominally at the head of things. Real power lies in the massive subordinate ranks, but the nominal rulers yet exercise considerable repressive and controlling power. Being relatively new to office, and none too satisfied with the demonstrations of their ruling potency, these reasoning faculties, functioning and manifesting themselves through the surface layers of the cerebrum, become quickly tired, and, as it were, go to sleep. Then it is that the nominally subconscious memories and tendencies come into their own. We are transferred into the land of dreams, night-dreams and day-dreams. Then it is that the somnambulist walks, and the fairies and the pixies and all the other materialized symbols of our imagination attain to temporary reality.

This brings us face to face with the technical problems which hypnotism and psycho-analysis have in different ways

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attempted to solve. Sleep, drunkenness, the hypnotic state, the psycho-analyst's "free association," all these, in so far as they are utilized for scientific ends, have one thing in common, namely the exposure of the subconscious self—which, by the way, is neither the whole self nor, spiritually speaking, the most important part of self

Here it may be as well to interject a warning against accepting the assumption of ill-informed Freudians that the sub-conscious or the unconscious (usually printed with capital initial letters) has any kind of independent existence apart from, and to some extent in rivalry with, or opposition to, the psychic life of which we are, at any given time, conscious. Rather should the contents of "the sub-conscious mind" be regarded as mental processes, memories and inclinations, to which we have got into the habit, for one reason or another, of turning a deaf ear—in some instances, so determinedly or for so long a period that we have broken the linkages or associations between them and the more agreeable thoughts and impulses that we have self-indulgently chosen for deliberate contemplation. It is an example of perverseness parallel to that of the man who, with a pneumonic invasion of his lung and a temperature of 104° , refuses to go to bed, and boasts that he prefers to disregard it and to "work it off." In this rash enterprise, one in a dozen may succeed—no thanks to his wilfulness, but every doctor knows what happens to the other eleven. So it is with affairs of the mind. Only rash fools take no account of the strength of the forces with which they have to deal. The divinity incarnate in man does not amount to omnipotence. No human being can "by taking thought add one cubit unto his stature."

V

THE EMOTIONS AND SUBLIMATION

THE inborn urges so far named—especially that which we have provisionally called the self-preservative one—manifest themselves in numerous ways, some of them so seemingly dissociate that only on analysis do we recognize their common root.

We need to remember that our spontaneous reactions are, for the most part, fixed in us as an inheritance from almost prehistoric ages, when environmental conditions were very different from those which obtain to-day. The two fundamentals of health, whether we speak in physical or psychic terms, are the establishment and maintenance of harmony within ourselves and between ourselves and an environment which we cannot entirely control. The conditions of what we may call our internal harmony vary little through the generations—anyway, whatever adaptation is called for is beyond our conscious control. Many of our psychological difficulties arise from the astounding changes that man himself has brought about in the external circumstances of human life. It is mainly because of these “artificial” modifications of our environment, unattended by parallel changes in our inherent impulses, that we are faced to-day with hygienic problems on the psychologic plane.

Indeed, the whole problem of what we may call psychologic sanitation, in so far as it is soluble by the application of our present knowledge, may be said to be that of harmonizing,

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with such measure* of compromise as may be necessary, the crude barbaric impulses innate in nearly all of us with the highly modified circumstances of twentieth-century civilization. In order that we may establish such harmony, or even an endurable approximation to such harmony, we need to know the essential truths about our own nature, and about the world to which our nature must adapt itself—with which it must establish harmony, if true sanity of body and mind is to be maintained

One of the first things that must strike the reflective student of these problems is that situations must be constantly, as in fact they always are, arising in which two or more of our primal impulses are in active rivalry. One can see this conflict of impulses throughout the animal kingdom, though, owing to the high development of the human imagination and the intricacies of human speculation, it is more marked among ourselves than among our more modest relatives

It is now a commonplace of psychology that our springs of actions are independent of our reasoning mind and our conscious will. The explanations we give to ourselves and to others as to why we acted in this or that way are hardly ever the true ones. They are invented afterwards so as to bring the act into accord with our picture of ourselves and of our "motives." Moreover, although the realization in action of a native impulse is nearly always pleasurable, it is rarely a foreconsciousness of that pleasure which constitutes our motive. "The impulses," writes a contemporary psychologist, "are not based upon the reasons, but the reasons on the impulses. A man may think he loves a woman because she is beautiful, but in reality she is beautiful to him because he loves her. He says and even believes that he resents

EMOTION ACCOMPANYING IMPULSE

another's claim because it is wrong. In reality, he finds it wrong because he resents it. He does this or abstains from that in conscious obedience to the will of God. In reality, the effective will of God is the expression of impulses within himself, as modified by social traditions reposing in the last resort in cognate impulses in the minds of other men."

Fundamentally true, however, as all this is, the problems of human psychology are not quite so simple as they may consequently appear to be. It is as easy and as common to underestimate the significance and potency of the conscious intelligence and of the speculative faculty as it is to overestimate them. The innate impulses we are considering are not those simple unconscious physiological mechanisms which are signified by the term "reflex action." Among other things, they are characterized by possessing an emotional accompaniment, seemingly devised by Nature to encourage or promote biologically desirable reaction to circumstance. This presumption is supported by the fact that all the simpler emotions such as fear, anger, primitive sex love, and so on, coincide with striking physiological adaptations needed for the attainment of self or species preservation.

It is important, however, to note that these complex impulses are no mere appetitive urges. They are not on the same plane as thirst and hunger and warmth-seeking; they are in general provoked by external circumstances—human or material. Moreover, so long at all events as we remain simple men and women, it is not of the end or purpose of this "natural" impulse that we are conscious, but of the seemingly irrelevant emotion or feeling-state that accompanies it. The emotion is Nature's bait; and it is often part of the business of human wisdom to devise plans for securing Nature's bait without getting caught on Nature's hook. It is by the

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exercise of such wisdom that art and poetry and religion and contraceptives came into existence.

To man as a conscious being, once his cruder physical needs are satisfied, emotional life is practically identical with life itself. Even when he is engaged in abstract thought, it is the emotional accompaniment of that thought which alone has value or ultimate meaning to the thinker. This being so, it is strange that, in their schemes for the development and promotion of human well-being, politicians and educationalists take such small account of emotional health and of the training and exercise of the emotions. Politics are commonly discussed in terms of material things, regardless of the important truth that materials have value only in so far as they contribute to the living of desired, and humanly desirable, life. A certain security in the possession of the material elements constitutes the first condition of human liberty, and that is why so many of the most zealous Christians and the most zealous individualists have been driven to adopt the economic creed of socialism. Unfortunately, regard for the individual and a consciousness of the ultimate sacredness of human individuality have not been the inspiration of the majority of the platform heroes of socialism, or of those who have been attracted to its banner. Liberty, equality, fraternity; each of these terms receives a very narrow interpretation in the one large state that professes to be built on socialist lines.

The innate tendencies of man, with their emotional accompaniments, have been developed at various periods in the history of our species. The depth of the instincts in our mind varies according to the antiquity of their origin, but the conditions of human life at the times when most of these "instinct" trails were blazed were very different from those

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obtaining in the world we know to-day. The strongest tendencies in man's unconscious mind are far older than civilization, and they are no longer appropriate to circumstances. The urge behind them needs to be diverted, "sublimated," if the individual is to be a tolerated member of modern society and, at the same time, to retain his personal vitality. Fortunately, even the most primitive of what we may call emotionally-guided activities are capable of socially desirable sublimation without losing their strength or value. Indeed, the vigour of such sublimated or diverted activities will depend largely on the vigour of the stock on which they have been grafted.

"As fruits ungrateful to the planter's care,
On savage stocks inserted, learn to bear,
The rarest virtues thus on passions shoot,
Wild nature's vigour working at the root
What crops of wit and honesty appear
From spleen, from obstinacy, hate or fear,
See anger, zeal and fortitude supply,
Ev'n avarice, prudence, sloth, philosophy;
Lust, through some certain strainers well refined,
Is gentle love, and charms all womankind,
Envy, to which th' ignoble mind's a slave,
Is emulation in the learn'd or brave,
Nor virtue, male or female, can we name,
But what will grow on pride or grow on shame"

Thus to modify ancient inborn patterns is the task of education, and it should be the prime business of political schemers and would-be social reformers so to organize those externals which are organizable as to provide the maximum scope for the exercise of wisely educated natural tendencies and for the

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emotional satisfaction, or "happiness," that attends such exercise. Rare, indeed, is the psychic inheritance that might not, by wise training, take forms contributory both to the happiness of the individual and to the well-being of the society amidst which his life is spent.

Dr. Charles Platt, in his "Psychology of Social Life," has expressed so clearly what I have just been trying to say that I do not hesitate to quote his words: "Man is born into the world with many inheritances, with many tendencies and instincts—those which he reveals in adult life are not all he started with in childhood, they are but such as have, through environment, imitation and teaching, been cultivated into expression. The infant is a complex of potential, often conflicting, inheritances. Which among all these shall become the determining influences in his life will depend upon his education . . . In short, the child is the bridge from the past to the future, and it is the environment, the education of the child, which determines with what part of the past this bridge shall connect."

It has been said that "man is a stranger in the world that he has created, and the environment born of our intelligence and our inventions is adjusted neither to our stature nor to our shape." Our political systems, both actual and ideal, are based almost entirely on the theories of doctrinaires knowing comparatively little of the nature of man, often regarding it as capable of unlimited modifications to fit the circumstances in which he finds himself. It would be far better, as Carrel has pointed out, to pay more attention to ourselves than to construct faster steamers, more comfortable automobiles, or telescopes for examining the structure of remote nebulae. Man "should now turn his attention to himself, and to the cause of his moral and intellectual disability."

THREE GROUPS OF IMPULSES

It is, indeed, curious that so few political schemers have given serious consideration to the nature of the men, women and children the conditions of whose lives they attempt or undertake to organize. There is a lot of planning with a view to satisfying man's physical needs and to affording his sensory gratification ; but there is very little of it relative to those far more profound parts of him that make up his emotional life, and the motives behind the greater part of his activities. The innate impulses of all normal human beings—impulses that in health sooner or later manifest themselves in nearly everyone—can be grouped under three headings : those concerned with self-preservation and self-assertion (pride, constructiveness, sense of power, etc) ; those concerned with the welfare of the " herd " or community of which we feel ourselves members (affection, camaraderie, and sociality generally) ; and those concerned with the perpetuation of our kind—the last-named group readily sub-dividing into two groups of impulses, those associated with what we may call the coitive urge, and those concerned with the care and protection of the child resulting from the coitive act—that is, sex-love and tenderness. It is characteristic of human sex-love, in the forms that most appeal to our idealizing faculty, that the coitive urge is, as it were, toned or infused with streaks of that tenderness which, from a biological viewpoint, seems specially relevant to a later stage of this reproductive sequence. That is a shallow kind of "realism " (based mainly on Freudian misunderstanding) which would have us believe that all that matters in sex-love is the satisfaction of conscious copulative desire, or of sub-conscious copulative urge. It is probable that half of the finest fruits of human civilization spring from truths the very reverse of this contention

For good or ill, the immediate, urgent problems of life

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with which our inherent impulses and instincts were originally developed to deal, have to-day become for nearly all of us much easier of solution. Other problems have presented themselves—problems which, according to our notions, are subtler, loftier, and relevant to peculiarly human aspirations. The need, therefore, arises of diverting to these new ends a considerable part of the psychic energy attached to our primal impulses and of the emotions connected with them. Fortunately, however, man's psychological heritage is in detail far less specialized than is that of most other animals. He is born immature, and herein lies both his weakness and his strength. It is to that he owes his exceptional adaptability to novel circumstances. He is, indeed, as different from, as he is superior to, those proverbial exemplars set up before him by unadventurous moralists, the ant and the bee. Although the human infant is born comparatively unequipped with immediately useful instinctive urges, or with physical powers adequate to earthly existence, its mind is by no means the clean slate that has by some philosophers been postulated. Left to fend for itself from birth, every human infant would die within a few hours. Yet its life is saved, ninety-nine times out of a hundred, not by the exercise of reason, but by the operation in the child's parents of inherited instincts which manifest themselves in recognizable form only many years after birth. What we may call the normal child inevitably finds itself at various stages of its growing period impelled by urges that, both historically and in immediate experience, are sufficiently specialized to justify the title of instincts, and associated with these impulses or instincts are certain emotions or states of feeling which, again have specialized qualities. All of us have experienced these emotions again and again—anger, love, pride, humiliation, friendship, fear, and so on.

RELATIONS OF EMOTION AND INTELLECT

These innate urges, the direction of which is, in our conventionalized and humanized environment, ill-defined, may be "dealt with" in any one of three ways. They may be what the psychologists call "repressed," or they may be fulfilled along primordial or "natural" lines—often with disastrous social or individual results—or they may be sublimated. "Suppression" is impossible

There is a very suggestive passage in Boris Sokoloff's "The Achievement of Happiness," where he calls attention to the common excessive belief in the ruling capacity of the human intellect in relation to the deeper urges and inclinations of man. He argues that emotion and vitality should be, as they are in healthy youth, in control of human activity, a man's intellect serving as "but a technical assistant," and that, as we get older and lose our vitality, our intellect tends to become more and more independent, more and more dominating.

The function of intellect is to guide, to sublimate, not to replace, inner promptings and vital aspirations. To what extent is this sublimation possible? Half the inmates of our asylums and two-thirds of our neighbours still at liberty illustrate how easy it is to fail in achieving this sublimation. Of course, even without deliberate education, few of us reach maturity with any one of our native impulses still existent in its crude and elemental form. Almost inevitably, each is the active centre of a whole mass of associative symbols which, in their various combinations, make up what the psychologists call complexes. And here it may not be amiss to say that a complex is not a disease—is no more a disease than is "blood-pressure." Every man's mind is furnished with complexes—mostly wholesome and health-giving, some unwholesome and health-destroying. In a clearly-written passage in his handbook, "The New Psychology," Mr. A. C. Tansley

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said : " The mind develops in an environment which perpetually provides material for the formation of complexes of all sorts, both those directly corresponding with the great instincts and others of the most varied kind, and also stimuli which excite and develop the complexes as they are formed. At the same time the environment establishes a chronic mental conflict between the pure egoistic impulses and sex, on the one hand, and herd instinct, which checks and thwarts these impulses, on the other. The attempt to divert the whole available energy from the primitive outlets leads at the best to a one-sided development of mind and character and often to overt disaster in later life, for the primitive instincts, though they may be starved, cannot be destroyed. A certain amount of their inherent energy may be sublimated with safety and advantage, but the effort cannot be wisely pressed beyond the point at which desperate resistance is encountered . . . The function of education, in its widest sense, is precisely to secure that the complexes formed, varying of course, with the hereditary disposition, are such as to secure a fairly balanced allocation of the psychic energy available " The whole business would seem to be but an extension and development of those " conditioned reflexes " to the demonstration of which Pavlov has devoted the greater part of his life

It is important to distinguish between sublimation and what the psychologists call repression—which is largely a sub-conscious process and always includes a big element of disguise and self-deceit. By restraint is meant a conscious and deliberate control or subordination of an impulse towards an action which conflicts with another impulse or is incompatible with existing circumstances or convictions. The essential difference between restraint and repression is the presence or absence of this element of consciousness,

REPRESSION

of facing up to a situation and recognizing it for what it is. Repression results from an evasion of this decision. A repressed impulse is one from which the mind has turned away, either from a fear of possible uncomfortable conflict, or from disgust or dislike. Such an impulse, with all its emotional associations, is forced back into the subconscious mind and forgotten, but not destroyed. It exists as the nucleus of a complex, dissociated from the conscious mind, liable at any time to be called into action by the stimulation of any one of its elements. Deliberate and conscious restraint or sublimation of an instinctive impulse scarcely ever leads to psychic or physical disorder, but repression is responsible for a very large proportion of those minor insanities which we call neuroses, hysteria, neurasthenia and so on, as well as for not a few graver psychiatric disharmonies. It is essential to bear this distinction in mind, for there is a popular idea that all forms of self-restraint and deliberate control or diversion of instinctive urges are hygienically undesirable. Some measure of restraint is always necessary as a first contribution towards the sublimation of a primal impulse. There would seem to be in all sublimation processes intellectual and conscious imaginative factors which consist, to use McDougall's words, "in the better evaluation of desired goals." In his book, "The Energies of Man," this writer gives an excellent account of the direct fashion in which most innate impulses become to some extent sublimated. "A man is attracted by a girl whom he sees on the stage. At first his state is perhaps hardly more than lustful desire, the crude working of the sex-impulse. On nearer acquaintance, he finds that she has virtues that evoke his respect, capacities that provoke his admiration, troubles that elicit his sympathy and his desire to shield and help her, perhaps also ideals that are worthy of reverence.

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Even her physical beauty now appeals to him as something too delicate and precious to be the mere toy and food of his sex appetite, and, if she gives him her company in public, he is proud and grateful to appear as her devoted attendant and protector." McDougall goes on to say that all these impulses blend in a highly complex configuration—"the youth now is not merely sexually excited in the presence of the girl, he is in love with her." The sex-impulse is probably the one most difficult to sublimate more remotely than this; though all forms of true religious worship or ecstasy, as well as of artistic expression and artistic appreciation may be regarded as partial sex-energy sublimations. The "self-assertion" impulse—perhaps to-day more often starved even than the love impulse itself—can be satisfied by mastery over material (as in gardening, or scientific research, or technical achievement of any kind where man is not the mere slave of a machine) as easily as by tyrannizing over men, or women, or children, or other even more easily bullied animals.

But the possibilities of sublimation are limited. It is not possible, if pathological risks are to be avoided, entirely to dissociate the primal urges from the physiological functionings to which, in evolutionary history, they appertain; and, at the end, when education has done its best in the light of all available knowledge to accommodate man's nature to contemporary circumstance, he will still be liable to be confronted with insurmountable and painful fact. Some of this pain and this difficulty seems to be unavoidable, but we multiply it manifold by our laws and our conventions. Even in this relatively humane age, the artificial starving of the quite natural and desirable impulses of sex and of self-respect and decent pride is almost infinite in volume.

Few people are without first hand knowledge of lives

CONFLICTING EMOTIONS

distorted and ruined by some irreconcilable conflict between emotion and convention. But conflict between differing emotions can be even more shattering.

Take this typical case of a sensitive, emotional, thoughtful man, drawing a comfortable but not excessive income from a secretarial post in the city. He married when he was twenty—he is now ten years older. Between him and his wife is a sort of humdrum friendship; but they have hardly an interest, and certainly not an ideal, in common. They have, however, a couple of children, aged seven and nine. About six months ago, the husband met a woman of his own type, and between them a very strong mutual love quickly developed. To this man, the conventions mean very little; but his sense of responsibility is as great as are his idealistic beliefs, moreover, his wife's scale of values is the exact reverse of his.

It has seemed to him almost blasphemy not to seize the one opportunity offered by Fate to him and to his lover. At another moment, he has felt unable to purchase their happiness at the price of his wife's humiliation. One minute, he almost decides to escape with his lover to some place where he can find spiritual and emotional peace, realize his ideals and share life with the only human being that he believes can truly share life with him. The next minute, he almost decides to suck by his wife and children, try to banish the idyllic picture of a new life from his mind, and play the part which his social conscience tells him he "ought" to play. Financial complications do not, in this case, confuse the issue.

Since the problem seriously confronted him, this man's life has become a little hell. His mind, beneath the surface, is continually occupied with it, so that his every-day work seems a burden too great for him to carry. He worries all

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day, and sleeps little at night. He is himself only half conscious of the reason why things that used to seem simple and trivial now completely overwhelm him ; he calls it "over-work" and his friends urge him to take a holiday.

Whichever of the two courses open to him this man decided to take might, before a month had passed, leave him unhappy—but he would, at any rate, have preserved his ~~mental stability~~; his sanity ; almost any decision is better than prolonged indecision

The faculty of decision is a most important one to cultivate. Some people have it in marked degree through ignorance and lack of imagination—ability to see only one side of a problem. Indecision often goes with ~~intelligence, much knowledge, and much imagination~~—there seems so much to be said on the other side. On the other hand, a man who has sized things up, has constructed for himself a real scale of values, who knows what, for him, are the most valuable and most important things in life, and has realized that nothing in this world, whether material or emotional, is to be obtained without sacrifice of some other thing, is well on the way to a sound and practical philosophy of life

But such a scale of values is inevitably conditioned by a man's subconscious reactions to the millions of things that went to make up his childhood and his early training. He arrives at a decision which he thinks is the result of cold, clear reason, though actually it is inspired by subconscious memories of what he has been taught of right and wrong, of codes of honour and of conduct. He may believe himself to have renounced all such "conventional" codes and laws, but very few people can be confident that this has successfully been accomplished.

The ill-defined instincts with which we are born are, in

EMOTIONAL BASIS OF "OPINIONS"

civilized life, supplemented by associations of ideas developed round some primal urge, and bound together by a common emotional tone. Almost any one of a group of ideas thus associated may stir up an emotion and set going a course of action the essential motive force of which may not be obvious. Everything which affects our emotions at all strongly secures a place in our memory, and, though we may seem in time to forget all about it, the memory is only hidden, and can come to the surface in its own form or in some concealed form whenever something originally associated with it in time or place comes our way. Most of the "opinions" which people so dogmatically express are determined far more by their varied emotion-suffused complexes than by the "reasons" on which they believe themselves to base them.

VI

HABITS AND EDUCATION

It is a characteristic of the scientific method artificially to detach and isolate one aspect of phenomena, and then to analyse and experiment with the appearances within this enclosure as though nothing existed outside it. Few, if any intelligent scientists would claim that they are contemplating reality. It is only certain selected aspects of reality with which science professes to deal. Yet experience has shown that by means of the inferences and deductions thus drawn—abstract and artificial though they may seem—astounding tangible results have materialized, the crude realistic value of which is obvious to every man.

To us, inevitably, the most interesting subject of study is man, whether looked at collectively or as personified in an individual. But there is no one science that devotes itself to the study of more than a fraction of the problems raised. Anthropology, sociology, physiology, psychology, each is concerned with but one aspect of human life. How to link together, except by way of coincidence, those activities and reactivities of man that are observable and measurable through the organs and instruments of sense, and those thoughts, feelings and wishes that can be directly known only to the one individual experiencing them, presents so far an insoluble task.

Yet, intimate and intricate though we realize are the con-

RELATION OF MIND AND BODY

nections between man's mind and man's bodily functioning, it is still usual to investigate them as though they were distinct and independent though constantly functionally co-operating. In common speech we do very clearly distinguish between mind and body. When one is functioning harmoniously, we describe its condition as one of sanity, when the other is similarly balanced, we generally use the term health. That, etymologically, these terms have almost identical meaning is beside the point.

Just as, until lately, conventional science has taught us to think of the mind and the body as two distinct and essentially unrelated things, and has even led us to believe that the mind itself is composed of discrete and almost dissociate parts—thought, emotion, will and sensation—so, lately, it has, presumably without intention, led even the otherwise enlightened to assume that between the intellectual, conscious, knowingly purposive mind and those aspects of the mind which are lumped together under the heading of “the unconscious” there is little or no organic understanding, no true biologic interrelation. In fact, as subtler investigation has shown us, there are no defined boundary lines between the functionings of our most abstract conscious thinking and our most nearly automatic psychic regulation of physiological processes. It is true that between all these parts there are not always direct lines of communication. We cannot directly by thought and effort of will alter the rapidity of our heart-beat, or determine the distribution of our blood to this or that part of our body. The business is subtler than this. As has been already explained, we have but to bring to the forefront of our consciousness an imaginary picture of danger to induce the emotion of fear and, with it, a recedence of the blood from the skin and from the abdominal organs to the muscles,

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including that of the heart itself, with consequent pallor of the surface and increased muscular tension and acceleration of the heart-beat. Parallel reactions are evoked by the imagining of happenings that fill us with anger, or indignation, or sex-desire. In this indirect way, the very depths of our so-called unconscious mind may be influenced by the proper use of those mental faculties which we associate with the idea of consciousness and deliberation. But the greater part of the so-called "unconscious" is much more accessible to us—being mainly occupied by records of mental events of which, at some time or another, we have been directly conscious, however briefly, and however slight may have been the attention we have given to their impact.

Men and women are turned out on the roads of life and entrusted with the driving of a machine so complicated as to make the mechanism of a motor car or of an aeroplane seem but as that of kites and whipping-tops. Yet we demand no tests of driving capacity before issuing the licence. Nature, with her regardlessness of individual life has, throughout the ages, solved the traffic problem by the elimination of the unskilful and the unlucky—"Let Nature take her course." Man, endowed with the faculties of idealism and other qualities usually attributed to divinity, has intervened and taken steps to humanize Nature's method and save the victims of her ruthlessness. But this is not the end of his obvious task, and here lies the fallacy at the root of most of our experiments in so-called democracy.

It is generally agreed that the mind of a child should be trained or educated, but it is not so generally recognized that, owing to the relatively new and constantly changing conditions of civilization, this process of deliberate training needs to be carried on throughout adult life. Moreover,

FACING LIFE AS IT IS

there is an almost universal failure, through our ignorance of the nature of the mind and of the manner of its functioning, to realize that this training, if it is not to be in large measure wasted, must have relation to the actual situations and the actual problems with which we are, or are likely to be, confronted. A mere cultivation of the faculty of thinking, as though it were a process carried on *in vacuo*, regardless of our bodily mechanisms and of objective fact, is likely to help us very little in our business of facing life as it is, and in the production and maintenance of anything that can be called a healthy mind. The capacity to think abstractly is, of course, one that, when properly used, can be of the highest value to us and to humanity in general, but, so far as deliberate training goes, that should be our last concern rather than our first. ~~Thought, totally divorced from doing, often from the very~~ idea of doing, is apt to lead, in the average individual, to self-stultification and self-dissatisfaction, ~~with~~ all the individual perversities and social disharmony that commonly result from these morbid states. As has been said, the faculty of idealization is of high importance, but it is a very dangerous one when it is exercised regardless of facts as they are. It is all right so long as the thinker thoroughly realizes what he is about, the danger lies in treating mere fancies and wishes as though we were dealing with immediately practical objective matters involving action. Much of the thinking, and many of the pronouncements, of so-called "intellectuals" are of this kind; and it is not unnatural that practical men, who spend a good deal of their time in doing things and in dealing with practical difficulties and problems, come to look upon intellectuals as people who have taken up thinking and talking because they have failed at doing. The unjustified air of superiority assumed by many of our amateur political theorists,

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and their expressed contempt for the mentality of those engaged in the everyday business of life, lend support to this suspicion.

It is a great thing in the cultivation of mental health to acquire the habit of doing even small things well. The seat of intelligence is not the brain only. As Sir Michael Sadler said many years ago, our aim should be to get a power of self-adjustment, to keep alive the spirit of adventure, and above all things, to form judgment and character. We need an education which opens the mind and trains the practical aptitudes, which inspires courage and fortitude while also imparting knowledge and the scientific way of looking at things and the scientific way of doing things, which opens new opportunities and at the same time cultivates the intellect and moral powers by means of which alone these opportunities can be seen and seized.

Even if our present system of teaching developed the faculty of thinking—which commonly it does not—in so far as it dissociated thinking from doing, it would still be a poor system for training the youth of the nation. Only by doing things is it possible to develop self-reliance, energy, the love of creation, concentration, patience, straight thinking, perseverance and love of essential truth—all things which are absolutely necessary to a fine and healthy life. As Ruskin said, "Let a youth once learn to take a straight shaving off a plank, or draw a fine curve without faltering, or lay a brick level in its mortar, and he has learned a multitude of other matters which no lips of man could ever teach him."

Nothing more contributes to a sense of mastery and power than does the habit of doing small things well; and, usually, whether we do everyday things well or do them ill—assum-

FORMING USEFUL HABITS

ing, that is, that ~~we have the technical knowledge necessary,~~ depends almost entirely on whether we have acquired the habit of associating our conscious mind, our interest and attention, with our physical acts. Efficient people possess and have cultivated a capacity for quickly sizing up difficulties and problems, and of taking the measure of their power for dealing with them. They do not underestimate the difficulties, or overestimate their own powers—though, of course, on occasion, they may, as it were, gamble where the problem involves obvious uncertainty. This practice of doing well what we set out to do—whether it be cooking a dinner, or growing peas, or binding a book, or making a hen-house—produces a feeling of self-confidence and of security through recurrent successes.

All life manifests itself by reacting to stimuli or impressions in particular ways. Unlike many of the animals, man does not inherit, ready made, any large number of elaborated instincts; but he has an exceptional facility for building up something uncommonly like instincts—what are called habits. When, in response to a recurrent stimulus, we on repeated occasions react in a uniform way, that response tends to become habitual; and, when a similar stimulus turns up, we find ourselves acting in accordance with the habit which has become established in us.

This faculty of ours is very valuable, for it enables us to get a lot of our routine activities performed without any strain on our minds or wills. It leaves these free to do the next bit of pioneering; in other words, to deal with any fresh problems that crop up. The solutions of many of these will, if all goes well, also, in their turn, take the form of habits. We should not have to think out in detail, every time we are confronted with a situation, each small technical step necessary for

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effectively dealing with it. For every problem and every situation is sure to resemble in many ways other problems that we have had to tackle. We should be able, almost automatically, to recognize the points in common, and to deal with these with the ease and effortlessness with which the practised typist takes down a passage from dictation.

Mental habits, whether positive or inhibitive, should not, however, be immobile; that is to say, one should not be an absolute slave to them. They should be variable when occasion demands; and this applies even more to habits of inhibition than to those of positive action. There are few habitual inhibitions that should be allowed to reach the rank of prohibitions. Man has been endowed with a unique faculty for part-building his own world. Civilization is, essentially, a work of art, not of nature. To live healthily and sanely in that world calls for the exercise of an art no less conscious and deliberate.

There is a widespread assumption that human nature is near enough a fixed ingredient of the human problem; and that our great social objective is so to modify external circumstance as to fit in with this almost static permanent. The motive bases of human nature are, indeed, constant, but, thanks to our faculties of deliberation and of conscious volition, we have a wide range of choice as to the lines along which our primal urges may satisfyingly run and fulfil themselves. It is, or should be, the supreme end of education, by means of the building up of groups of emotional associations, to create habits of thought and of action that will give wholesome fulfilment to our elemental urges along lines which in but small measure conflict with the other powerful impulses of our nature—in other words, to contri-

INTELLIGENT EDUCATION

bute to that harmony between ourself and our environment which is health. It would be well if more thought and attention were given to the true *purpose* of education. It is time we gave up thinking of it either as a mere furnishing of the growing mind with a mass of information—material, æsthetic, or even spiritual—on the one hand or, on the other, as a simple drawing out, without tendentious influence, of the inborn urges and inclinations of the “natural” human child.

Though one of the best means of learning how to think accurately is to learn how to do things accurately, this is not the be-all and end-all of mental education. The first necessity is to understand as much as we can of the world as it really is, and of our own powers and limitations as they really are. The doctrine of the clean slate at birth is, in the light of modern knowledge, an untenable one. Two children, brought up by the same parents, with, as near as may be, the same conditions at every stage of their career, may yet differ in almost every point. These differences are equally pronounced among a litter of puppies, where uniformity of environment and training even more nearly approaches to identity; and so it is with nearly every sort of animal.

When we contemplate the intimate relation which we now know to exist between mind and body—not only so far as intellectual capacity is concerned, but also in matters of emotion and impulsive force—it is as absurd to argue that everyone can have the nature and character he chooses as that he can have the colour of hair or length of limb which seems to him desirable. There are, for instance, fundamental and unalterable differences in impulse and, therefore, in character, between the man with a well-developed pituitary gland and the man with an ill-developed one. The emotions and

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psychic needs of the woman with a normal thyroid gland differ from those of the hypo-thyroidic or hyper-thyroidic as much as does chalk from cheese. It is ridiculous to speak of these individuals as being free to realize a common ideal of character.

It is not within our power to implant in our children or in our contemporaries faculties which they lack. The acorn will perforce grow into the oak tree, and the apple pip into the apple tree. But, by means of suitable soil and the provision of air and light and shelter, we can largely determine the degree of its development, and to some extent its form. So with the human child. Far too little thought is commonly given to the science and art of character-building.

We cannot, of course, disregard those primary and fundamental forces—egoism, sympathy, pity, and imitativeness—which are born in us, with relative potencies varying from individual to individual. These form the raw materials of our character, the total propulsiveness of which depends, not only on the strength of these forces, but also on our intellectual clarity and our physical energy. But, by training and environment, we can do much towards determining the lines along which these inherent characteristics may fulfil and satisfy themselves.

We cannot turn the natural egoist into a genuine altruist, or the congenital hard-of-heart into the embodiment of tenderness, but the majority of acts customarily classified as vicious or anti-social do not in essence differ from those which we all agree to class as virtuous. Egoism may be the basis of a noble life, as well as of a most despicable one. And even the absence of tenderness and pity may be made to serve a useful purpose in the commonwealth. Parents and teachers

STUDYING THE MATERIAL

normally pay but little consideration to this subject. When they do, all too commonly their efforts are directed to the impossible task of altering the unalterable—the native—proportional make-up of the child. The true artist or craftsman studies his material as well as pursues his abstract ideal. Much more is this necessary with so superficially plastic, yet at bottom so resistant, a material as the living human being.

VII

THE FREUDIANS AND PSYCHO-ANALYSIS

IN the present century, a revolution has taken place in the science of psychology at least as profound as that which has been brought about in physiology, by the discovery of the functions of the endocrine glands, and of the parts played by them in the workings of the sympathetic nervous system, and consequently in the "unconscious" harmonization of the work of the millions of individual living units of which our body is composed. The man who has contributed most to the psychologic revolution is the Austrian physician, Sigmund Freud. The debt which science must ever owe to him is no less than it must ever owe to Charles Darwin. To Freud, more than to anyone else, is due the credit for making of psychology a science recognizably applicable to the everyday life of man as a member of society—that is of civilized man. Fortunately for the expression of his originality, though unfortunately for the ultimate validity of many of his utterances, Freud was not a professional student or professor of philosophy or psychology, but a practising doctor, concerned with the problems presented by diseased individuals. Therefore he was comparatively unfamiliar with the thoughts and conclusions of those hundreds of the greatest minds of which we have historic knowledge, that have been devoted to the study and analysis of the human soul. Inevitably, the conclusions of a man, however great his native equipment, however great

“MANY BEGINNINGS”

his individual experience, thus unacquainted with what we may call the psychological social heritage of the race, must be to some extent banal and, to the more academically instructed, almost schoolboyish in their amateurishness. So novel and yet so obviously in accordance with fact and everyday experience were his main theses, however, that not unnaturally he quickly won the ear of a very large and cultivated public tired of the sterility and formality of nineteenth-century psychology. The danger, as in all such cases, was that the public would swallow holus bolus not only the new truths which he revealed, but also the new fallacies tentatively advanced as illustrative or demonstrative of them. That is exactly what has happened, and it is hard to say whether, so far, more harm or good to social well-being has resulted from the widespread enlistment of the half-educated intelligentsia under the Freudian banner.

At the very end of his autobiography, Freud writes: “Looking back over the patch-work of my life’s labours, I can say that I have made many beginnings and thrown out many suggestions. Something will come of them in the future. But I cannot tell myself whether it will be much or little.” It would be impossible to sum up more modestly yet truly Freud’s contribution to psychologic science and to mental medicine. In the face of so reasonable a claim, it seems a little less than gracious unkindly to criticize suggestions, theories, and arguments which the author himself is finally content to regard as tentative. At the same time, one cannot read his books without being again and again irritated almost to exasperation. Freud, let it be reiterated, has rendered so great a service to psychology, doing, perhaps, more than any other man has done to make it dynamic and physiologic, that the sympathetic reader is embarrassed to

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find so much loose reasoning, so much begging of the question

Perhaps the greatest thing that Freud has done is to compel us to take a much wider view of psychic life than the academics were used to take. It now seems obvious that, below the level of awareness, there is constantly occurring within us a sequence of immaterial events fundamentally of the same kind as those of which we are conscious. Even conscious thoughts do not arise out of nothing; and, in tracing back their causative precedents, we soon find ourselves groping in the unconscious. Indeed, it evidently is not essential that psychic happenings shall ever come within the purview of conscious attention at all. It is by his insistence on the magnitude of this great uncharted land of the mind that Freud has made us so largely his debtors.

It is not easy to explain in a few words the Freudian doctrine. The difficulty is increased when the expositor is, himself, highly critical of the validity of many of the articles of the Freudian religion. Those who wish to study the matter seriously should read the works of Freud himself, most of which have been excellently translated. Any who cannot afford the time and money that such first-hand study would involve have at their disposal several admirable handbooks published at small price and written by accomplished sympathisers with the psycho-analytic creed. Two of these may be mentioned, both excellent: "Psycho-analysis and its Derivatives," by Dr. Crichton-Miller, in the Home University Library, and "Psycho-analysis for Normal People," by the Principal of the Wychwood School, Oxford, Miss Geraldine Coster, published by the Oxford University Press. Either of these books can be bought for half-a-crown.

Here are summarized a few of the outstanding psychological

FREUD'S VIEW OF THE SEXUAL IMPULSE

assumptions of Freud—a number of which, by the way, have no claim to be his personal discoveries. Many an old doctrine rephrased—especially if new words are invented—appears and sounds, to the uninitiated, as a revolutionary novelty. To most people, Freud's name is associated chiefly with two things, one a doctrine, the other a therapeutic practice. The essence of this doctrine is that sex impulses play an altogether larger part in human life than has hitherto been allowed or even suspected—constituting, indeed, the essential factor in all those neuro-psychic aberrations known as neurasthenia and the neuroses. The therapeutic practice is, of course, that known as psycho-analysis. One of Freud's disciples, Dr Ferenczi, in his introduction to Freud's autobiography, expresses the hope that it “will assist in dissipating an erroneous belief prevalent in certain circles. It appears that the general public have a tendency to confound Freud's teachings with the subject of sex . . . faithful students will never arrive at such fallacious deductions.” Yet a reader of Freud's own words might be excused should he incur such censure. Here is a relevant quotation:

“I now learned from my rapidly-increasing experience,” he writes, “that it was not any form of emotional excitation that was in action behind the phenomena of the neuroses, but regularly one of a sexual nature. It was easy to establish the fact that anxiety-neuroses and neurasthenia have each a different abnormality of sexual life as its corresponding ætiological factor. Even the war-neuroses are examples of narcissism,” in which the subject's libido is attached to his own ego, instead of to an object.”

One allows, of course, that the Freudian school has extended the significance of the term “sex” so that it can be made to include nearly all psychic causes and all human motives. But

that this elasticity of definition is employed largely for dialectic purposes—the psycho-analyst's personal use of terms being not so very unlike that of the rest of us—is again and again illustrated in Freud's writings.

"Childhood was looked upon as innocent and free from the lusts of sex, and the fight with the demon of sensuality was not thought to begin until the troubled age of puberty. Psycho-analysis asserts that the sexual function starts at the beginning of life . . . Under pressure of the technical procedure which I used at that time, the majority of my patients reproduced from their childhood scenes in which they were sexually seduced by some grown-up person." And so on, and so forth

As bearing on the inexpediency of the practice of psycho-analysis by non-professional men and women, it may be mentioned that Freud eventually came to the conclusion that these "scenes of seduction were only phantasies which my patients had made up, or I myself had perhaps forced upon them."

Many years ago, a friend of the present writer discussed with a dignitary of the Church of England the difficulties that confronted an intelligent modern man wishing to join in the service of that church by reason of agreement with its ultimate philosophic basis broadly interpreted, yet unable to accept the formal dogmas subscription to which was officially regarded as essential. "Of course," the archdeacon replied, "no intelligent man could possibly assent to the official church formulæ and articles, if he took them as having the meaning that their words suggest to the average member of the public. There is no need to shout your highly intellectualized convictions to a lot of simple people whose minds are almost immobile. Many a time I've said to Hensley Henson: 'You do a lot of harm by exposing all your

DREAM INTERPRETATIONS

thoughts to your ignorant audiences—however honestly you may have arrived at them. In a couple of years you will have moved on and will realize the temporariness and fallaciousness of your conclusions ; but your audiences will have taken what you said from the pulpit as pronouncements of absolute and unalterable truth ' "

Well, that is pretty much what has happened to Freud and the Freudians. Illustrative of the limited sphere of human experience whereby Freud checked his imaginative speculations and expression, a passage may be quoted from one of his recent essays. Referring to his patients at the time of his earlier pronouncements, he says : "Almost all my female patients told me that they had been seduced by their fathers " Need we wonder that so many of his theories (accepted by his followers as inspired truths) are, to put it mildly, limited in their applicability. Incidentally, every experienced doctor, knowing how suggestible are the majority of his patients, can but suspect that unconsciously such confessions were in many instances put into the minds of Freud's subjects by the eager and enthusiastic analyst himself

As the subject matter with which the psycho-analysts specially deal is, or purports to be, derived from those regions of the mind which consciousness does not recognize, some means must be found by which it can be brought into the light. Such means are held by the Freudian school to exist in dreams, as well as in the " spontaneous " association of apparently unrelated ideas and images. The interpretation of dreams is perhaps the more important, and certainly the more spectacular of these methods

Every one of us spends about a third of his life asleep, yet we do not even know with certainty what parts of us cease to function when we sleep. Below the level of consciousness

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our bodily machine is evidently still at work, we breathe, our hearts beat, our blood circulates just as when we are awake. For eight hours out of the twenty-four, our "real" lives pass out of our consciousness, and we slip into an "unreal" world in which the material limitations of space and time are obliterated, and we move with the freedom of disembodied spirits. Our ancestors believed, indeed, that our dreams are actual adventures of our souls, experienced whilst our bodies are in a state of temporary death, and many medieval tales centre round these adventures.

When we are asleep, the ordinary sights and sounds and smells of the world for the most part cease to impress us. Yet we can feel and be conscious of all the emotional thrills of waking life. In our dreams, we may experience the agonies of fear, the voluptuous frenzies of primitive love, the æsthetic enjoyment of beauty, the embarrassment of conflicts between convention and personal lapse. The one normal emotion that rarely figures in dreams is that of curiosity.

It is certain that the form and substance of a dream are not causeless. A dream does not come, ready-made, out of the void. It only puts together and dramatizes thoughts, incidents and feelings, already existent in the mind of the dreamer. It is the way in which these things are put together, the particular shapes assumed, that gives dreams their peculiar meaning and interest. The Freudian view is that dreams are the manifestations of the more basic, less conventional, elements of our personality taking the opportunity to assert themselves whilst the repressing controller of our waking thoughts is off duty.

When we are asleep a whole army of images and associations out of our past history pass leisurely across the field of our consciousness—images which, when we are awake, would

RACIAL MEMORY IN DREAMS

quickly be brushed aside as having no relevance to the matter on which our attention is concentrated. Thus it is that in dreams we often "remember" events, objects and people that we have never consciously come into contact with before. Many "prophetic" dreams can be explained in the same way.

Even when we are awake, we are not at the time conscious of a tithe of the impressions constantly being made on our mind, yet these have their life within us, influencing our thoughts and acts without our knowing of their existence. Often, we have thus put away in our sub-consciousness such a collection of data as would enable anyone who could put two and two together to make a pretty shrewd guess at what is going to happen. In our dreams, some of these data—these stored-up facts and experiences—show themselves; and the logical "prophecy" is visualized.

Then, again, in dreams, all sorts of inherited ancestral and racial memories may come to the surface and symbolically express themselves. It is possible that here we have the explanation of those queer floating or gliding dreams which all of us have repeatedly experienced in our youth. The history of these dreams may go back to times when our animal predecessors moved somewhat after this fashion through the water in which they lived.

The emotional tone of a dream is often set by the prevalent emotional state of the dreamer in his recent waking hours. If he is worried and anxious, and fears are constantly at the back of his mind, his dreams are likely to be charged with fear, and often take forms associated in his mind with fear—not necessarily resembling the form of his real-life anxieties.

The possible significance of dreams has always offered a problem to speculative man. Believing—as we, by our very nature do—in the relational sequence of things, we can-

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not accept the idea that the contents of our dreams are entirely fortuitous. Both the incomes of charlatans and the theories of philosophers have been based on ill or well-founded claims to interpret dreams and to establish relation between them and daylight human happenings and aspirations. It is, indeed, for most of us impossible to think that there is not some reason for our dreams taking the shapes they severally have taken ; and most of us who seriously reflect on these things must again and again have recognized a correspondence between the emotional effect of our dreams and the emotions dominating us in our immediately preceding waking hours.

Whilst it is true that a very large proportion of our dreams are almost inflamed with emotion, nearly as many are merely episodic and are associated with little more emotion than accompanies the waking state of being mildly interested. Incidents uncommonly like those which we encounter twenty times a day occur to our dreaming fancies, just as they do in our simpler day dreams such as form the basis of the creations of every imaginative writer or painter. In our workaday life, owing to the alertness of our senses and the constant impact on our minds of direct sensory impressions, we normally almost automatically check our fancies by weighing them against what is for us reality. When our eyes are closed and our senses are sleeping, we have no such realistic scales to help us. The number of things in which most of us are " mildly interested " is almost infinite ; and to those dreams that are made up of imaginary incidents of this kind we need attach no particular importance. They are likely to tell us little more about ourselves than do our ordinary conscious day-time thoughts. Those dreams that are marked by pronounced emotional effect, however, have more specific significance. It seems beyond doubt that in many cases they do directly

EMOTION IN DREAMS

or symbolically correspond with, or give partial expression to, deep down wishes or dreads which, when we are awake, and the higher controlling faculties of our psychic hierarchy are functioning, are unable, through conscious repression more than unconscious repression, that we call forgetfulness, to make us truly aware of them. There is, moreover, some reason for inferring that when we are asleep or "half asleep" there are periods when only the most lately acquired (what we call the highest) faculties of our minds are truly resting, the simpler and more primitive psychic faculties being more or less active the while. A large number of our dreams have very little verbal content, being almost entirely pictorial. Pictorial art makes its greatest appeal to our emotions when it is most effectively symbolic. On this probability a great many Freudian dogmas are based. The basis is probably sound, but the interpretation of the symbols is not so obvious and simple as most of the psycho-analysts seem to have persuaded themselves, and would have us believe, it to be.

The psycho-analysts assume that, in dreaming, thoughts, fears and desires, kept in hiding during the day, come to the surface and assert themselves. Their "analysis" of the dream consists in the liberation of the true content from the symbol or image in which it has been dressed—a process which lends itself to much error and not a little deception, sometime conscious, more often unconscious, on the parts of the analyser and of the analysed.

The psycho-analysts are probably right in assuming that dream images are often to be interpreted as symbols and metaphors, but it is hard to understand why everyday objects should, when they appear in dreams, have a significance so different from their daylight meanings as the Freudians allege. Dorsey, in his book "Why we behave like Human Beings,"

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compares the psycho-analyst's conception of the Unconscious to "a magician's cave, where by psycho-analysis one can discover anything one puts into it."

Here are a few characteristic examples of the symbolism of dreams as psycho-analytically interpreted. They are quoted verbatim from Freud's own Introductory lectures on psycho-analysis :

"The male genital organ is symbolically represented in dreams in many different ways, with most of which the common idea underlying the comparison is easily apparent. In the first place the sacred number three is symbolic of the whole male genitalia. Its more conspicuous and to both sexes more interesting part, the penis, is symbolized primarily by objects which resemble it in form, being long and upstanding, such as sticks, umbrellas, poles, trees and the like, also by objects which, like the thing symbolized, have the property of penetrating, and consequently of injuring, the body—that is to say, pointed weapons of all sorts, knives, daggers, lances, sabres, fire-arms are similarly used—guns, pistols and revolvers, these last being a very appropriate symbol on account of their shape. In the anxiety dreams of young girls, pursuit by a man armed with a knife or rifle plays a great part. This is perhaps the most frequently recurring dream symbol, you can now easily translate it for yourselves. The substitution of the male organ by objects through which water flows is again easily comprehensible, taps, watering-cans or springs, and by other objects which are capable of elongation such as pulley lamps, pencils which slide in and out of a sheath, and so on. Pencils, pen-holders, nail-files, hammers and other implements are undoubtedly male sexual symbols, based on an idea of the male organ which is equally easily perceived.

FREUDIAN DREAM SYMBOLS

“ The female genitalia are symbolically represented by all such objects as share with them the property of enclosing a space or are capable of acting as receptacles . such as pits, hollows and caves, and also jars and bottles, and boxes of all sorts and sizes, chests, pockets, coffers, and so forth Ships, too, come into this category Many symbols refer rather to the uterus than to the other genital organs thus cupboards, stoves and, above all, rooms Room symbolism here links up with that of houses, whilst doors and gates represent the genital opening Moreover, material of different kinds is a symbol of woman—wood, paper, and objects made of these, such as tables and books From the animal world, snails and mussels at any rate must be cited as unmistakable female symbols , of the parts of the body, the mouth as a representation of the genital opening and, amongst buildings, churches and chapels are symbols of a woman You see that all these symbols are not equally easy to understand ”

In one of his books, “ Die Traumdeutung,” Freud writes (the translation is from Wohlgemuth’s “ Critical examination of Psycho-analysis ”). “ The smooth walls over which in dreams one climbs, the fronts of houses which one descends—frequently with terror—correspond to erect human bodies, and repeat in the dream probably the reminiscence of the little child climbing up parents or guardians The ‘ smooth ’ walls are men ; on the projections of the houses one generally holds fast in the dream fright—tables, laid tables, and planks, are also women, probably on account of the antithesis, which abolishes here the roundness of the body. ‘ Wood ’ appears in general, according to its linguistic relations, representative of the female material (matter) The name of the island Madeira signifies in Portuguese ‘ wood ’ Since ‘ table and

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bed' make up matrimony, we find that in the dream frequently the former is put for the latter, and as far as it is possible, the sexual ideation-complex is transposed to the eating complex. As to articles of dress, the hat of a woman is frequently and with certainty to be interpreted as genitals, namely those of a man. In the dreams of males one finds very frequently the necktie is the symbol of the penis, probably not for the reason that it hangs down and is characteristic of the man, but because one is able to choose them to one's liking, a liberty which with references to the original by the symbol is not admitted by nature. Persons who use these symbols in their dreams are in waking life very extravagant with their ties and possess regular collections of them."

The fact that, even in highly cultivated circles, Freudianism has secured and maintained so established a position, in spite of such ludicrous and factually baseless rubbish as this, constitutes *prima facie* evidence that there are real and new truths at the bottom of the New Psychology. Something more than fundamental truths, however, are needed if a doctrine is to have practical applicability and value in mental therapy—that is in the treatment of psychic ills. One may well feel sceptically inquisitive as to the true nature of the operative psycho-therapeutic agent in a course of treatment that involves hundreds of hours of intimate personal contact with another individual.

In one of his Goulstoman lectures, Dr. Bernard Hart says that "a lengthy investigation of a patient's mind means that one is no longer examining at the end of the investigation the object which one set out to observe, but an object which has progressively altered during the course of the investigations, and altered in a way which may have been largely determined by the investigation itself. This was the circumstance which

ANALYST AND ANALYSED

variated absolutely and completely the painstaking conclusions drawn by Charcot and his school from the phenomena observed in the trained hysterics of the Salpêtrière": and, as Dr. Crichton-Miller comments, "when we recall the essential features of the transference neurosis, the delicate duty imposed on the analyst of dissolving the transference, and the 'attempts to direct the patient's thought-processes,' we must admit that such an alteration in the patient's mind may well be attributable to the treatment itself". It is part of the claim of the professional psycho-analyst that "suggestion" must not be allowed to intrude. Anything of the nature of hypnotism is taboo. All that the patient says must be entirely spontaneous, automatic, but can we regard a father confessor, to whom the mere driving of a post into a hole in the ground symbolizes the act of coition, as other than a psychologic agent-provocateur? Most of us run up and down stairs a dozen times a day. Why, when such an incident figures in our dreams, are we to assume that it symbolizes a relatively infrequent event in our lives? People who cannot be accused of any sort of sex repression dream about going upstairs quite as often as do the most virginal. The use of Occam's razor seems indicated here. Is it not quite obvious that the symbolic interpretations of the psycho-analyst are dependent almost entirely on the mental make-up of the individual analyst, and on the dogmas of his creed?

The writings of some of even the most intelligent of contemporary Freudians contain passages that it is hard to believe not to have been stolen from some parodist in the *New Yorker*. "The ultimate situation from which the wish to own arises is, that of the infant at the breast—sweets are craved instead of the breast because the person who gives them remains undamaged by the loss. Faeces, money and mechan-

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ical toys are feverishly sought instead of the penis, because these, if broken or ruined, can be thrown away and easily replaced. The anal fixations represented in love of material possessions are thus strongly reinforced by displacement from the breast and the penis."

Sex, without any particular "concealment," is, as might be expected, a fairly frequent element of dreams, but that lends very little support to the contention that every emotional experience and every dramatization of it are really sexual

There are, after all, other impulses and emotions equally fundamental. Moreover, very similar dreams mean very different things to different people. The form they take is largely a matter of personal experience and personal association. No two people have memories alike, and each will dress his dreams from his own personal wardrobe.

Freud is a great man, most of his nominal disciples are not so great. He honestly and sensibly, in the light of further experience and further reflection, has repudiated or abandoned many of his earlier conclusions, but it is one of his weaknesses as a scientific publicist that, in his propaganda, he has failed to make clear the distinction between his inferential guesses and his logically deduced conclusions. And so we find to-day prominent apostles of the psycho-analytic creed still muttering the long since rejected convictions of Freud, as though they had the authoritative finality of Sinaitic utterances.

More will be said about Psycho-analysis, its uses and dangers, in the chapter concerned with the treatment of the neuroses.

VIII

RATIONALIZATION AND DISSOCIATION

As has been already pointed out—and, as must, indeed, be obvious to every reflective person from individual experience—situations are constantly arising in dealing with which we are impelled by inborn impulses urging us in different, often opposed, directions. Among animals with more simple mental equipment than that of man, truly healthy individuals are so instinctively inclined that in most of the situations in which they find themselves one urge sufficiently preponderates over another to induce definite immediate responsive action. In a state of unhumanized nature delay and hesitation generally spell disaster to the individual. Take a simple instance. A rabbit in the face of danger has two alternative instinctive reactions. One is to rely on its speed and to run for its life, hoping it may reach its hole in time, the other is to remain motionless and so escape notice. Each course of action is on occasion conducive to survival. A rabbit possessing a less well-defined faculty of eliminative “choice” will, as it were, hesitate between the two courses, and, whilst not making use of its capacity for speed, will lie doggo but, at the same time, will lose the protective value of this reaction by the making of numerous ineffective movements and tremors in obedience to the impulse to run to its home. Such a rabbit will stand small chance of survival. It may be presumed that the rabbit’s hesitation is due not to any

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conscious weighing up of probabilities and prospects but to a native instinctive inadequacy.

As his brain structure would suggest, the reflective, critical and deliberately hesitating faculty in man is comparatively highly developed. His decisions and the reasons for them are much more consciously purposive. In individuals best mentally equipped, instinctive trends are usually somewhat indefinite and relatively weak. A man with no more reflective intellect than a rabbit would, if uncared for by his fellows, die in a week. Adult human beings have no instincts corresponding with those of the butterfly which presumably without conscious knowledge, lays its eggs on the plant on which alone the caterpillars which emerge from those eggs feed. He is dependent on his primal urges for all his motive force just the same. Moreover, he sometimes on the basis of weak inborn instincts, sometimes regardless of them, develops habits that may be regarded almost as individually acquired instincts, furnished with emotional affects, habits with occasionally almost overwhelming potency in determining conduct. Oliver Wendell Holmes gave a good definition of habit when he characterized it as "a labour-saving invention which enables man to get along with less fuel." But he regarded the formation of habits, or, at all events, servitude to habits, as something of which the young should beware. Habit is too often liable to coincide with "action in present circumstances from past motives."

It is well constantly to bear in mind that the essential mark of health, whether psychic or physical (not that in fact the two can thus be separated) is integrity, a harmonized and unified individuality. The normal, healthy way of dealing with conflicting impulses, whether elemental or complex, is to bring them both, either together or separately, on to the

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screen of consciousness, and with the eye of introspection to judge the value and the practicability of their respective expressions in action ; and then to arrange either some sort of compromise, or the deliberate handing of authority to one or other of the claimants to proceed. The great thing is to know what one is about, and to realize that one cannot have both the lettuce and the penny which it costs. ~~A~~ properly integrated personality possesses a character, and has a fairly well defined scale of personal values. By the use of this scale, decision is simplified, for, nearly always, one or the other of two alternative courses of action better fits in with our master desires and aspirations—with our “standards.” In spite of our frequent errors of judgment, it is in this way that the healthy among us make a reasonable success of our lives.

Men and women with more slack or less competent instruments of self-government are apt to deal with their mental conflicts in other and less satisfactory ways, even though they may be fully conscious of each of the divergent motives or urges and of their bases. One of the commonest methods of solution is to bring into operation a strange defensive faculty we have, called rationalization, that is, furnishing an action with a reasoned and outwardly reasonable or plausible motive in substitution for the true one. This process of rationalization is far from being entirely conscious, we often do not know that we are rationalizing—we “deceive ourselves.” The conflict is got rid of by introducing an element of unreality that enables us to preserve our pride and our sense of balance and integrity, however obvious the conflict may continue to appear to outsiders. It is quite likely that the Nonconformist piety of Charles Peace was as genuine and sincere a part of himself as was his taste in violins, or his hobby for night-time burglaries. We need not doubt the genuine-

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ness of the domestic altruism or the professed spiritual aspiration of the swindling company promoter, or, if it comes to that, of the average business man. Significant phrases are to be found in nearly every public speech, in nearly every newspaper article, and in many an overheard conversation. "Religion is one thing, business is another" "A corporation has no soul" "They would only waste the money if I gave it to them" "If they were given decent houses they would soon reproduce the slums they came from" "It is so much better for the children to be at boarding school, although, of course, we hate parting with them" "The fox would only die out if we didn't hunt him" The essence of this method of dealing with complexes is so to modify the appearance of one of the rival complexes that it no longer conflicts with the predominant desires or aims of the personality. By the exercise of this uncandid technique, individual sanity is usually not seriously disturbed.

Another method of treating conflicts, far more personally dangerous is that of isolation or dissociation. We (and the difficulty of defining the true meaning of this word "we" must be recognized) may, with more or less success, keep the divergent impulses segregated, so that they never are brought face to face. In extreme cases, this dissociation may attain to a degree almost ludicrous to the normal observer. Our mental hospitals are full of examples. Thus, we find a mental patient happily engaged in emptying bedroom slops, whilst convinced that he is Napoleon or some other commander of peoples or of vast armies. Here we have some part of the explanation of what are called delusions. A delusion, to quote Bernard Hart's definition, is "a false belief which is impervious to the most complete logical demonstration of its impossibility, and is unshaken by the presence of incompatible or

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obviously contradictory facts" Hart goes on to quote the instance of a mental patient who believes that he is a king. "He is, perhaps, well acquainted with the past history of himself and his family, but it never occurs to him that the facts contained therein are incompatible with the belief that he is of royal birth. He may assure us that he is omnipotent and capable of creating a new universe, and yet the next moment he may ask plaintively to be allowed to leave the asylum, or beg for a small quantity of tobacco. The tissue of contradictions seems at first sight inexplicable and incomprehensible, but the key to the riddle is clear as soon as we realize that the patient's mind is in a state of dissociation. . . The patient believes that he is the king, and he is also aware of facts which totally contradict that belief, but, although both these things exist together in his mind, they are not allowed to come into contact, and each is impervious to the significance of the other. They pursue their course in logic-tight compartments, as it were, separated by barriers through which no connecting thought or reasoning is permitted to pass."

Those who have read Robert Louis Stevenson's uncanny story, *Dr Jekyll and Mr Hyde*, will remember how dissimilar and how detached were the two personalities alternately manifested by one and the same individual.

Dreaming presents a phenomenon resembling in many ways that of true double personality. Our conscious life during dreams is sometimes quite as vivid, and in a sense quite as actual, as what we call our real life. In the dream, we may have little or no memory of our workaday existence, and often when the dream is over we can remember but the vaguest fragments of its incidents, or of the part we played in them. Somnambulism is but an extension of this

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dissociate dream-life ; and the phenomenon of multiple personalities during waking hours is but a further development of this alternation of consciousness.

It is interesting to speculate as to the existence of corresponding dissociation of personality in animals other than man. It is certain that throughout the animal kingdom there is observable a strange, probably automatic, adaptation of consciousness—or, at any rate, of psychic activity—to the needs of the moment. Generally, the idea or the impulse which would appropriately be dominant in one situation is, in another situation, not only over-ruled by an impulse more apt, but is suppressed altogether. Otherwise, failure would constantly result from hesitation—from an over-meticulous weighing of conflicting “desires”

Take, for instance, those creatures which, like the frog, are alternately terrestrial and aquatic. The presumption is that their memories and their consciousnesses alternate with almost as complete mutual exclusiveness as do the circumstances and needs of their existence.

It is probably a fortunate thing for mankind that consistency has been almost everywhere looked upon as one of the chief characteristics of excellence. The building-up of social ideal tends to promote the realization of that ideal. But there is small philosophic sanction for assuming that consistency is a part of inherent human nature.

Moreover, owing to the strength of convention, few of us are willing candidly to acknowledge even to ourselves our almost daily divagations from the standardized portrait which we have painted of our individuality and our character. It is extraordinarily difficult for anyone who has cultivated the habit of self-candour seriously to condemn the conduct of others. It was not only a good Christian but also a good

MULTIPLE PERSONALITY

psychologist who, watching a criminal being carted to the gallows, commented : "There, but for the grace of God, go I."

Dr. Jekyll and Mr. Hyde were, of course, fictional characters invented by their author ; but in real life there are plenty of historical examples little less dramatic. In the *Lancet*, a few years ago, Dr. Rigall described an interesting instance of such multiple personality that came under his notice.

The patient was a woman thirty-seven years old, who had, some years previously, been charged with writing libellous letters about herself and accusing someone else of the offence. She was quite unaware that she had herself written these letters ; although, periodically, she suffered from "lapses of consciousness" during which, as she vaguely remembered afterwards, someone performed actions antagonistic to her. Often, at these times her clothing was torn up, her jewellery thrown away, and her money destroyed "out of malice." When she came under Dr. Rigall's care, he found that, "under hypnosis, she would at once assume another personality, during which period her speech, expression, and whole demeanour would change in the most remarkable way." When what we may call her normal personality was uppermost "she was a strict Roman Catholic with high ideals, and tried to live up to her principles" Her alternate personality "was in conflict with society, and very antagonistic to her other-time strict religious life"

A comparable case is that of the Rev. Ansel Bourne, described by Professor William James, the American philosopher. Bourne, in the month of January, 1887, went to his bank and drew a sum of money. He then disappeared. Two months later, a small shopkeeper, known as Mr. A. J. Brown, in a town hundreds of miles away, "woke up in a fright and

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called on the people of the house to tell him where he was. He said that his name was Ansel Bourne, that he knew nothing of shopkeeping, and that the last thing he remembered—it seemed only yesterday—was drawing some money from his bank."

For two months, this minister, having taken a little shop and stocked it with stationery, sweets, and so on, had, without external comment or self-questioning, played the role of a tradesman born and bred. Most practising doctors, in the course of their lives, have encountered examples of dissociate personality, with alternating consciousness, no whit less striking than that of Mr Ansel Bourne.

Although, from time to time, similar instances of marked "dissociation of personality" come to public notice, they are comparatively speaking, rare. It should be noted that each of the two "persons" may be entirely rational, entirely logical, and may, to the inexperienced stranger, seem entirely sane.

Man, in his long evolutionary history, has passed through many stages. When early man, or his immediate ancestors, lived partly in trees and partly in caves, a rapid instinctive change of mind and habit became an essential part of their daily lives.

That ability persists to-day. We can all of us change—we do all of us change—with but few exceptions, according to the needs and the circumstances of the moment, because the sub-conscious mind still holds, buried deep, the instincts of our forefathers. Such changes are not, however, always brought about through our own so called reasoning faculties, often, they are the result of direct influences from the minds and personalities of others.

We all believe lots of things and do lots of things, not

SUGGESTION

because we have rationally considered them or because, after long and careful thought, we have become assured of their correctness and desirability. We do them because we have been unconsciously influenced by other people.

Man, like every other social or herd animal, has the peculiar trait of being susceptible to suggestion. Suggestion has been described as the direct conveyance of an idea or emotion to another person's mind in such a way that it evades or bypasses his personal consciousness and his criticism. We are all of us suggestible, but we are not all equally so. Only occasionally do we see those violent, mass examples of the influence of suggestion that are provided when a crowd is seized with panic or fury.

Then, what is called the herd instinct, the impelling force which governs the acts of a great many people every day of their lives, sweeps over everyone, breaking down those doubts, those oscillations of resolve, which play so big a part in inhibiting or checking action.

The prestige of the person or other source of the suggestion is in these cases very relevant to its potency.

The physical appearance of a great orator or agitator, the dramatic recital of deeds of daring or of insufferable wrongs, abounding self-confidence in speech or manner, or the mere external trappings of glamorous uniform—all these things help to increase the impressiveness of any suggestion that comes from that source.

Like most other herd animals, man has in his make-up varying degrees of two opposite, yet complementary, impulses—that of submission and that of leadership.

Those in whom the former is the most outstanding impulse are, naturally enough, far more open to suggestion than are their more domineering and dominant neighbours, whether

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self-centredness. The unfortunate victim is himself all too painfully aware of the picture he presents and of the humiliation of his position. To some extent consciously, but to a far larger extent unconsciously or half-consciously, he exaggerates some trifling and otherwise temporary physical disability—such as loss of power in a limb, or an impeding pain in his head or abdomen, or in some joint. He is not shaming, he genuinely believes that his exaggerated physical disablement is organically real. Only thus can he establish harmony within himself and justify to himself his inaction and ineffectiveness—his “inferiority.” Fortunately, or unfortunately, the self-convincing is rarely complete. When it is, we are usually face to face with a degree of mental aberration that brings the subject into one of the classes discussed in the part of this book which deals with the true psychoses.

Here, because he has expressed it so clearly and concisely, I would like to quote from Dr McDougall's interesting and sensible book, “The Energies of Men,” a relevant passage: “In very many cases it is possible to find evidence that the onset of definite symptoms of disorder was preceded by a period of conflict, a period during which the personality has confronted some difficulty, some problem, some situation calling for a decisive resolution, without finding himself able to effect the required resolution. Unable to take action or to make a decision, he has continued to be impelled towards incompatible goals, has continued, however, obscurely to feel the attraction of possibilities that are mutually exclusive. Love or honour, ambition or duty, God or Mammon, success or self-respect, family or country, such pairs of terms suggest some of the great legitimate *interests* which, in many instances, owing to an unfortunate conjunction of circumstances, can

FAILURE TO COMPROMISE

be harmonized only with difficulty, if at all. And, on a lower plane, lust, fear, cupidity, greed, malice vengeance, and vanity imply crude impulses that may maintain a not unequal conflict with a man's higher tendencies. A period of such conflict, preparatory to the onset of more definite symptoms of disorder is, perhaps, the invariable rule."

It needs but a slight extension of this process to initiate a true dissociation of the mind, a condition in which there are two almost equal organizations functioning within the same essential community, both governments have refused to observe the necessity of that compromise which is the very basis of all harmony, each of the rival powers is victim to an obsession, and the characteristic mark of an obsession is that compromise is out of the question. The faculty for shrugging shoulders and recognizing the truth that we live in a conditioned world in which there is neither right nor wrong, but only wisdom and error, has disappeared, has become snowed under.

This process of "dissociation," however, is, as has been said, but a development of a phenomenon constantly manifested daily by all of us, even the sanest. Rarely, indeed, is all our mind engaged on one task or on the attainment of one end. Take the typist who is at this moment taking down the words that I dictate, something more than automatic habit is called for that she may rapidly strike in succession the letters of the words I utter, yet I have not the least doubt that she is coincidentally occupied in her mind with some more specially personal interest and purpose—the development of the play she is ~~writing~~, or the impression she has made on her to-day's visitor, or the speculation as to how long it will be before I say "that's all we'll do this evening." Her mind is to that

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extent dissociate ; she is sane only because no one of these preoccupations of her mind will persist. At any moment, either one of these interests, or some totally other interest, will occupy the whole of her attention. The pendulum of her mind is swinging but a short way either side of the central point of ideal integration—of perfect integrity.

IX

THE AGES OF LIFE

THERE seems to be a growing fear among parents that any psychic injury in childhood or infancy will inevitably react upon the child in later life, plunging him into neurosis or leaving him permanently maladjusted. The bulk of evidence is against this notion. Spartan boys had a shocking upbringing as far as psychic injury went, they were turned out to fend for themselves at any early age, with no garment but a chiton, no food except what they were able to steal; and if they were caught stealing they were beaten for not stealing more cleverly. Yet few of them seem to have developed neuroses. In the Elizabethan age children, even the children of princes, were reared with a stringency which would not be tolerated to-day; but they grew into adventurers and poets. Even in the nineteenth century, the snubbed, repressed miss from the schoolroom matured into the redoubtable Victorian mamma.

Neurotics, after all, form a small proportion of the adult population, and there is plenty of reason to suppose that good material is not easily spoiled by a few hard knocks. This is no argument for bringing up children carelessly or unkindly; ~~good~~ good material deserves to be used to the greatest possible advantage. But it should at least reassure those parents who creep about constantly asking themselves whether they have

been sufficiently conscientious in their treatment of their young

It is almost impossible not to make mistakes in dealing with children, especially for those as closely bound to them as their parents, but a fundamental goodwill towards, and confidence in, the child will make up for some blunders, and the child himself must be prepared to correct the results of others as he grows

No courageous child thinks of himself as a hot-house plant, and notwithstanding the ego-ideal and all the rest of it, children find out reasonably early that their parents are not infallible. This is a great encouragement to independence, as many adolescents demonstrate. There seems to be no justification for regarding the child as a blank book in which parents inscribe their mistakes in indelible ink. The child is somebody, a pronounced individual, from the moment of his birth (as any monthly nurse knows) and probably before that.

In the view of Freud, behaviour in later life depends upon the way in which the infant meets the early problems of human relationships. No doubt in a sense this is true, no doubt any given baby will take a certain line about any given relationship, and quite possibly he will take the same line in similar circumstances throughout life. But it is at least arguable that he chose that line because he was that particular baby, and not because of some minor variant in the manner in which his mother offered him the breast or the nurse set about training him in regular habits. If his choice of action is a foolish one, and he perpetuates it as a pattern through life, quite possibly he was a foolish baby, and it may take considerable probing and explanation to make him give up his wrong courses in later life and adopt a more useful approach to his difficulties.

INFANTILE SEXUALITY

But the point is that he was not the common baby. Clearly all babies must be subjected to minor psychic injuries, all of us, no doubt, have ample grounds for being a nuisance to society, and all things considered it is probably remarkable that any of us have turned out as well as we have. Possibly we should have been much improved by perfect handling, and it is constructive to think so because that offers a hope for the future. But there is no reason for parents to despair because they feel they are falling short of that standard; they will probably turn out a tolerable citizen in spite of themselves.

Freud and the Infant

In Freud's view, sexual life begins at or before birth, and the child is his own first love. He first becomes aware of certain "erogenous zones" in his own body, these being the lips, the genital organs and the anus. He derives pleasure from sucking at the breast and thus turns his attention to his mother, who becomes the second object of his young affections, at first being regarded as a sort of projection of himself, and later as a possession. At this stage he begins to resent and envy the father who comes between him and his sole possession of his mother, and in this way the so-called Oedipus situation arises, from a suggested resemblance to the legend in which Oedipus kills his father and marries his mother. This explanation clearly will not fit the baby if she happens to be a girl, and has therefore been modified to suit her needs in terms of the Electra situation, Electra having dispatched her mother for killing her father. The infant girl having first loved her mother, identifies herself with her, the mother then becomes her rival for her father's love, and she dislikes her accordingly. Her attitude to her mother is thus ambiva-

THE AGES OF LIFE

lent, she loves and hates her, and the attitude of the boy to the father is similar—he hates him, but all the same he would like to identify himself with him.

All this excitement occurs in the first few years of life. After about the fourth year these sexual relationships become latent, and are not supposed to give rise to any more symptoms, until puberty

Taking infantile sexuality as a basic theory, Freud has been able to offer an explanation of many of the trends of childhood and adolescence, as well as of the neuroses and psycho-neuroses of later life. For in his view, the neurotic patient tends to remain fixed at an infantile level, the man who dreads marriage being held back by a mother-fixation, the hysteric seeking to recreate the atmosphere of his early days when he was the centre of attention, and the neurasthenic fatigued by a sense of guilt for auto-erotic sexual practices forbidden to him in infancy.

Another conception which we owe to Freud is that of the super-ego or the ego-ideal. This entity is constructed within the mind by the child himself, out of his infantile conception of his parents as creatures akin to gods. The super-ego is highly moral in an unreasonable way, it has been discussed more fully in the section on psycho-analysis. To oblige the super-ego the censor is supposed to stand between the subconscious and the conscious mind. The morals of the super-ego are relatively archaic, having been formed upon impressions received in infancy, and remaining unchanged by experience, and it enforces its morals as severely as a prude, paying no regard to the opinions of the conscious mind.

Behaviour Problems in Childhood

During childhood behaviour problems sometimes develop

THE DIFFICULT CHILD

in children who, for one reason or another, feel unable to meet the demands or bear the disadvantages of their lot. Common disorders of this kind are stealing, lying, bedwetting, stammering, nail-biting, fear of the dark, aggression or undue timidity. The importance of these disorders in the social life of the home is often very great. Any determined child who indulges in temper tantrums can disorganize the lives of those about him, and generally, as his parents realize, sets out to achieve that purpose. As a rule they fail to realize, however, that only a child who feels out of it is likely to seek attention in that particular way, and consequently they often treat the annoying symptom by punishing, snubbing, or otherwise humiliating a child whose confidence is already undermined. The same sequence of events often applies to stealing, lying and bedwetting.

All these problems deserve sympathetic rather than severe handling, and the increasing attendance at child guidance clinics indicates a growing interest in the duty of managing the difficult child and bringing him to a serene and competent maturity. On the other hand, many children, as they grow older, overcome their difficulties without outside interference, though at the cost of much unnecessary unhappiness for everyone concerned. The advice of an experienced child psychologist may prevent this by helping both child and parent to help each other better.

It is seldom necessary to enter into long explanations with the child, he can usually be approached over a series of play-periods, during which he will often unconsciously show his resentments, and may work them off in phantasy. For example, the boy who is jealous of his father, and thinks him a bully, may take the opportunity of killing a father substitute in a game of soldiers, or a child with a more generalized

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antagonism to society may stage a miniature drama in which whole cities are swept away by flood or overwhelmed by volcanos. These types of aggressive play are thought, by many experienced child guidance workers, to relieve the child's feelings, especially when they are conducted with the help and co-operation of a sympathetic adult. While the child is getting his resentment out of his system in this amiable and harmless manner, and at the same time being tactfully instructed in co-operative sentiments, the parent, with the help of the psychologist, is learning to interpret the causes of it, and to modify them where that is possible.

Adolescence

During childhood physical, and presumably mental, health depend not only upon appropriate surroundings and nourishment, but upon a stable economy within the body. The endocrine glands have been very popular for years now, and the more facts discovered about them the more important they seem to be. This hierarchy of glands pour into the blood-stream secretions which are necessary to physical and mental health, the failure or overaction of one member of the series will affect the well-being of the patient in a distinctive way, and some of the conditions thus produced are discussed at the end of the section on psychoses. The action of various glands in the series is to some extent antagonistic, so that in health a balance has to be maintained in the blood stream between their secretions. During childhood all the secretions are not present—those produced by the reproductive organs, and probably some of the multitudinous pituitary secretions are lacking, a balance, normal and healthy for that period of life, is maintained between the remaining secretions during the early years.

ACQUIRING ENDOCRINE BALANCE

At puberty, however, the full adult complement of secretions is released into the bloodstream, and though this change occurs over a period of time it causes a comparatively sudden disturbance of the balance which has existed till then. The endocrine glands throughout the body have to accommodate themselves to the new plan, some modifying some increasing their secretions until a new balance is achieved, and the growing child has to accommodate himself to the emotional disturbances which this ebb and flow of internal secretions excites in him.

He is much tossed about at this time, for with the development of the reproductive organs he becomes increasingly aware of the sexual instinct within himself. Rapid growth, clumsiness and a breaking voice add to his embarrassment, and receive less sympathy than they deserve. He often covers his lack of self-confidence with a boisterous manner and a hacking laugh which do little to endear him to his seniors, and he comforts his need for self-assertion with remarkable clothes and too much hair oil.

If he is the introverted type of boy he may become so shy as to be almost inaccessible, and it is not difficult to see how physical and emotional disturbance at this time may precipitate a schizophrenic illness.

Girls are equally, if not more, affected. Fortunately it is less common than it used to be for a girl to reach puberty without having been warned of the onset of the menses, but in any case their appearance is usually a cause of psychic disturbance and embarrassment for many months. Frequently, too, the adolescent girl passes through a fat stage which causes her acute distress. Her growing breasts offend her modesty in a way which seems inexplicable to her elders, and she will take much unnecessary trouble to conceal them. She, too,

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is aware, or half-aware of sexual impulses, and as a rule her education has given her no help in expressing these gracefully or naturally. } Presumably the nineteenth century lessons in deportment taught a young woman to enter a room as though her soul was her own and her hands and feet belonged to her. Higher education has not yet achieved this happy result, though it has given the girl much that her predecessor lacked ; it seems unfortunate that training in social poise should have slipped out of the curriculum, for there are few more valuable assets.

In addition to this turmoil of the senses and physical growth during adolescence, Freud considers that many of the situations of infantile sexuality are also re-awakened. Society demands that the growing sexual instinct be restrained. If this restraint is to be successful the energy liberated by the instinct must be given some other outlet, either in the form of sport—vigorous games have always been the prerogative of adolescents—or some other activity, which may be intellectual or artistic. If sublimation of the instinct along such lines fails, the growing child may adopt some form of homosexual love, a common enough tendency at this age.

Family ties are apt to become a burden during adolescence, it is a time of rebellion and aggression. As maturity is reached the normal course is for the young person to fall in love with someone of the opposite sex, or more often with a series of them. On the other hand family ties may prove too strong, and this normal breaking-away may not occur. The young man with a mother-fixation will find that no young woman comes up to the standard he regards his mother as maintaining, or he may fall in love with a woman many years his senior in an attempt to secure a mother and a lover rolled into one. The devoted daughter who will not leave

MUTUAL ADJUSTMENT IN THE FAMILY

her father and mother is another example of a child who has not been able to grow out of psychological leading-strings. The praise which this behaviour unfortunately excites among the older friends of the family usually fixes the girl in her mistaken determination, and when her parents at last die she finds herself a middle-aged woman, out of a job, and emotionally a deserted child.

Another psychological effect of adolescence, in Freud's view, is the resurrection of the Œdipus and Electra situations which were first formed in infancy. They find no outspoken expression, of course, but the growing boy suddenly feels that his father is intolerable, and there is no peace when they are both in the house; the adolescent girl is at constant war with her mother and appears in danger of becoming a shrew.

Whatever the explanation, these family upheavals commonly do occur about this time, and persist until peace seems lost forever, any adjustment out of the question. And then, after a few years, everything simmers down: the children have either gone out into the world to seek their fortunes, or have become accepted adults among their peers. The parents will tell you that so-and-so has developed more sense now, and the child will admit that the parents are less difficult than they used to be. Presumably the endocrine secretions in the child have achieved a reasonable balance, or else experience has taught him to manage his complexes more comfortably; or perhaps both have occurred. But in any case it will be clear that not only the child but the parents have made adjustments, they have grown accustomed to the idea that they are living with a mature person instead of a child. How greatly that acceptance of his maturity, had it been granted him, would have comforted and supported the adolescent in the throes of his growth.

Maturity and Marriage

Sometimes the adjustment achieved at the end of normal adolescence breaks down again when the young man or woman contemplates marriage. Marriage appears to be less alarming to the participants if they plunge into it early and without too much serious thought. The longer they put it off the graver it seems, and those who make most difficulty about it are often those who have left it so late that it seems probable that they have never really had any great taste for it. Younger couples, especially if they are much of an age, often make a better showing than anyone supposed they would in the puzzling relationship, because they enter it before their opinions and habits are confirmed, and grow together.

This may make for a successful marriage, but it does not necessarily make for two successful people, viewed as social products. If the husband is the more dominant character the wife may be arrested at an almost adolescent level and go through life like a gentle lamb trotting at his heels, her own capacities never develop. This is more likely to happen if the young man has never entirely outgrown the aggression of adolescence, and is rather limited in his own outlook. If, on the other hand, the woman is the dominant one, she may harness her husband's initiative and commit him to a safe, unsatisfying groove for life. These gloomy results do not always follow, of course, and two keen and intelligent people who marry young have the chance of sharing an intelligent and mutually satisfying middle life and age, provided, of course, that their intelligence does not lead them in different directions so that they tire of each other's society.

Those who make late marriages are nearly always faced with a difficult problem, because the chances are they have

FEARS ASSOCIATED WITH MARRIAGE

consciously or unconsciously postponed marriage for some reason, and they are therefore entering upon it in a state of doubt and conflict. They hesitate so long, and raise so many difficulties, real and imaginary, that their friends get tired of their hawing and beg them to get on with it. But they are right to hesitate because their difficulties are really within themselves, and until they can resolve them they are little likely to make a success of such an intimate relationship as marriage.

These interior difficulties may be of various kinds. A clear-cut fear may be at the bottom of them, as in the case of the patient who thinks she may be about to perpetuate insanity. Young men sometimes fear impotence. Or the reason for hesitation may be hidden from the patient himself, as in the case already mentioned of the man whose affections are fixed in primitive devotion to his mother and who soon begins to find fault with other women for falling short, as he thinks, of his ideal. Another reason for the postponement of marriage is arrest of emotional development at the adolescent level of homosexual love, which should normally be transient.

Or marriage may be delayed from sheer inability to find a mate. Young doctors and well-meaning friends sometimes say to a neurotic woman patient "Off you go, now, and get yourself a husband!"—a piece of advice as pointless as it is cruel. Many of these patients are well aware that marriage has seemed an important goal to them since childhood, but that they are unlikely to achieve it while women outnumber men. Their only release is to be found in an occupation which will act, to some extent, as a substitute. Those in whom the maternal instinct is strongly developed can usually satisfy it by some activity which involves the care of children, such as running a nursery school, or taking a post as nursery

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governess Hospital nursing provides an admirable outlet for the maternal instinct, and sometimes opportunities for marriage as well, and if it were only made a little less like drudgery and a little more like other occupations in the degree of freedom allowed, it would probably be one of the most crowded professions for women instead of one of the most neglected

The patient with a neurosis will find great difficulty in facing marriage, often coming to the brink half-a-dozen times, but hesitating to make the plunge. His fear can sometimes be allayed by a simple discussion of his anxiety, and sometimes requires a more thorough investigation on the lines advocated by Ross.

After marriage, apart from the need for temperamental adjustment, problems of sexual function must be encountered and solved. Advice from their doctor, if the husband or wife need it, will often save much unnecessary anxiety. If the woman encounters difficulty in her early experience of sexual intercourse she may easily slip into a fear of it which interferes with the whole progress of the marriage. Nor is it easy for a husband and wife to reach a happy temperamental relationship with such a profound emotional disturbance at work. Very often the question of contraception also arises, and the method employed may be unsatisfactory because it gives ground for anxiety to either the husband or wife. Here again expert medical advice is valuable and is better sought early than late.

Mental disorders in relation to child-bearing are discussed in the section on the psychoses. Minor psychological disturbance is common during pregnancy. Most women seem to enter a phase of mild depression at the beginning of pregnancy, which lasts for about two months, after that they

EMOTIONS RELATED TO CHILD-BIRTH

cheer up and often feel better than at any other time. Those who commonly suffer with migraine headaches at the menstrual period lose their attacks while they are carrying the child and appreciate their freedom.

The birth of the child is, of course, associated with strong manifestations of the maternal instinct in normal women. The paternal instinct, which is usually accorded rather a secondary place, is probably much stronger than it is usually credited with being, and if the child is a girl the father may transfer so much of his affection to her that the mother has grounds for being jealous of her daughter. The reverse situation is also common, of course, the man who has hitherto had the whole of his wife's attention, resenting her preoccupation with the child. These attitudes are rather immature; the jealous partner is still expecting to find a parent rather than a mate, and when the child is born, he or she feels rather like the baby who has been dethroned by a younger brother or sister.

Some of the later responsibilities of the parent have already been discussed in relation to the adolescent

The Climacteric

Just as the balance of the endocrine glands was disturbed at adolescence by the inclusion of new secretions from glands which had been hitherto inactive, so at the menopause the withdrawal of secretions from the bloodstream by the regression of the reproductive organs, throws the endocrine system out of balance for a time, and once more an emotional disturbance is apt to accompany the physical change. The symptoms experienced by women at the menopause are well known. They are subject to waves of heat due to a sudden dilatation of all the surface blood vessels, to palpita-

THE AGES OF LIFE

nions of the heart, and to moods of depression which easily resolve into tears. Often they sleep badly at this time and they remember past catastrophes with unnecessary realism. One patient said, "I keep going over things that haven't worried me for years."

The symptoms usually come on round the age of forty-five in women, and gradually increase and fade again during the course of the next year or two. In men, symptoms of the climacteric normally appear at about fifty-five, and are milder than in women, a transient causeless depression often being the only sign.

More severe depressions may, of course occur at the climacteric, and there is often a recurrence of a previous psychosis at this age, or an increase in the symptoms of an existing psychosis. These conditions are discussed in the section on psychoses. The ordinary menopausal symptoms are usually distressing to patients at the time, especially women. If they can acquire the necessary insight into their trouble and realise that their depression has a physical cause and will pass, they can usually tolerate it better. But the difficulty is that we are so easily tricked by physical phenomena. If we see the world emotionally as an unpleasant place, it really is an unpleasant place for us, even though we realize intellectually that it is just as tolerable as it always was, no better and no worse. But there is comfort, however vague, to be found in the thought that the gloomy appearance of things will not last forever, and that it is coloured by a physical disturbance. Patients who can master these facts can get a vicarious consolation from thinking what cheerful company they will be in a year or two, but not everyone has the ability and valour to meet the situation in this way.

As at any other time of physical or emotional stress, old

THE CLIMACTERIC

complexes may be re-activated at the menopause, and sometimes these are so trying to friends and relations, that the patient is urged to go to a psycho-analyst and have herself—it is usually a woman—psychologically reconditioned. This is not usually a wise step to take. The patient over forty is a poor subject for the psycho-analyst because the accumulated material of the best part of a lifetime takes a long time to analyse. And it is difficult, in any case, to reconstruct a mental life which has been following definite trends for forty years or more. A more simple form of psychotherapy, aiming at reassurance and simple suggestion, is more suited to the needs of this kind of patient. As in the case of the adolescent, time is going to make a considerable difference in any case.

Senescence

It is probably natural for the old to deplore change, to close their eyes to new manners, and to remember their youth in a golden light. In some, these common changes are exaggerated and progress to the state called second childhood. The old man becomes unduly tedious in reminiscence and tells the same dull story at length again and again. His memory for recent events becomes increasingly poor, he forgets his appointments, he forgets where he put his glasses, he forgets what he was doing yesterday. Sometimes this memory defect extends further and further into the past, and he may retrace his steps so far along the road he has travelled that he will tell you he is a young man of twenty, or a child of ten. One old man would admit no war more recent than the Boer war, though he had lost a son in the war of 1914-1918. Memory for names and faces also fails him, and he mislays his possessions and sometimes suspects his friends of taking them. Like a child he invents where recollection is faulty, and fills

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the gaps with home-made memories. He makes magpie collections of useless odds and ends and hides them in his pockets. Like the man who had seven coats on when he came, he bundles himself up in a cocoon of garments. He loses interest in his family and turns his whole attention to maintaining his little store of comfort, querulous when he is hindered.

Some of these patients pass into a state of senile dementia, described in the section on psychoses, but this is not the common fate of the old man, nor indeed is the severe degree of regression just described. Probably growing old, like everything else, can be managed better by the person who exercises a little forethought and tact than by the one who rushes at it like a bull at a gate, or the one who finds himself suddenly overwhelmed by it as by a sudden thunderstorm.

A graceful old age looks easy enough to the onlooker, but only the exceptional few achieve it, and the ease is the deceptive skill of the expert. As usual the problem seems to be one of letting go rather than of forceful action of any kind. The old person who insists on being one with the young ones is seldom welcomed by his juniors. The elderly parent who thinks his children ought not to be happy unless he is with them is trying their affection too high, he risks a rebuff which is withheld until exasperated nature gives in, and the child says something unduly tart. The old man is then deeply hurt, and filled with shame to think he can have such an ungrateful child. Some parents insist on accompanying their betrothed young upon all their expeditions, not from any wish to intrude, but because they have a profound belief that no member of their family can enjoy anything if the others are not there. A little mental preparation for the state of age might give them more insight.

GROWING OLD GRACEFULLY

Those who grow old ably, with the conviction that no age is better than their own (the healthy belief at any age) and with no disposition to lean upon anyone as the prop of their declining years, have such a tonic effect on those they meet that they are usually expected to act as props themselves, and are beset with young people anxious to put them to that use. This is the vigorous and admirable way of growing old. No doubt physical health has something to do with it, but how is the mental attitude achieved ? Probably in the same way as any other psychological success : by keeping a sense of proportion, and not attempting to cling to what should have been outgrown in the mind or the emotions. A counsel of perfection : no wonder only a few are able to follow it.

X

WHAT IS SANITY

WHAT is a really sane man ? Most of us will think of someone like ourselves, which, perhaps, only goes to show how very vague and how very various are our notions of the essentials of sanity and insanity. A universally agreed definition of sanity is no more to be arrived at than is a universally agreed definition of physical health. Indeed, even less so ; for we are more ready to agree as to bodily perfection than we are as to the best and highest functioning of the human mind.

The terms sanity and insanity are exactly analogous to the terms health and disease, and, just as no one can, in the abstract, be regarded as embodying absolute health, so no one can be regarded as embodying absolute sanity. Insanity is no more the opposite of sanity than ill-health is the opposite of health. The insane mind, like the curate's egg, is nearly always excellent in parts. Although we may find ourselves at variance as to the borderline which separates the wholesome from the pathological, most of us find ourselves in agreement when the abnormality or eccentricity passes a certain point. There is, however, among the public, a far less accurate notion of insanity than of ill-health on the physical plane. This is not unnatural, because, nowadays, acutely insane people are quickly removed from society and segregated in institutions populated by their fellow-abnormals. Consequently, in the popular mind, a clearly defined line is

DEGREES IN SANITY

presumed to exist between the certifiably insane and the free citizen. It is assumed that these great classes, the sane and the insane, are separate and distinct, like chalk and cheese, or sand and sugar. Even the doctor who is called upon to perform what is nowadays a highly dangerous task, namely, to sign a certificate of insanity, is not really concerned with the problem of whether the patient is sane or insane, but of whether or not he is certifiably insane within the meaning of the law—a very different thing.

Between our glorious selves and the most dangerous and enthusiastic maniac, or the most depressed and suicidal melancholic, is a gradual incline or declivity every inch of which is occupied by one of our fellow-citizens incarcerated or still at large. This general failure to recognize or appreciate the true nature of insanity lies at the bottom of our failure satisfactorily to deal with it. There is probably no subject under the sun about which ordinary ignorance is so profound, or general indifference so marked. One would have thought that the very commonness of mental derangement, to say nothing of its mysteriousness, would have provoked a desire to know all that is known about it. But most people seem quite content to leave it, with comets and wars, among those manifestations of the ways of God that are past finding out.

That the attitude to lunacy and the treatment of the mentally perverted have been revolutionized in responsible quarters in the last century or so, is in no way thanks to our "common humanity." Like most other revolutions, good or ill, this one is to be credited almost entirely to a few men of exceptional insight and intelligence. So far as most of us are concerned, crowds of sightseers would still be strolling down to visit "lunatics in Bedlam," bedded in straw, chained in dark cells, or strapped, four at a time, on

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to a horizontal swing (ingeniously invented by Erasmus Darwin) made to revolve a hundred times a minute ; or being "terrified into their senses" by being chained in a well, into which the water was allowed to rise slowly until they were on the point of drowning. Yet we are probably a little more imaginative and a little more tender-hearted than we, or our ancestors, were. We no longer look upon the insane as a part of the devil's private property, and we no longer "lead them with chains or bind them like galley-slaves" It is, by the way, but a little over a century ago that the chains were abolished at Hanwell.

Of no modern mental hospital could it be written, as was written of English asylums eighteen centuries after the world's greatest religious teacher had given his message, and two centuries after England's greatest poet had made his contribution to our culture "Men covered with filth cowered in cells of stone, cold, damp, without air or light, and furnished with a straw bed that was rarely renewed, and soon became infectious—frightful dens where we should scruple to lodge the vilest animals. The insane, thrown into these receptacles were at the mercy of their attendants, and these attendants were convicts from prison" Yet, it cannot soberly be said that we are much further on than were our callous and superstitious ancestors in knowledge of how best to restore to mental health our neighbour who has reached the stage of certifiable insanity There is, however, good reason for believing that a start has been made in building up a science, or coherent body of knowledge, of the human mind and of its inter-relations with human physiology and human conduct, out of which knowledge some hints both as to the treatment of insanity and its prevention may emerge.

The new psychology has helpfully illuminated the field of

ORIGINS OF MENTAL ILLNESS

psychic abnormality and eccentricity which lies outside certifiable insanity. On lunacy proper, the light still remains very dim. And, in spite of plausible resemblances of the various psycho-neuroses with, on the one hand, the daily temperamental variations of nearly all of us and, on the other hand, the various forms of true insanity, it is not yet by any means clear that these several mental states differ only in degree or, in other words, that they form a continuous psycho-pathologic series. Yet, clearly, it is of the utmost importance that we should know whether these mental disturbances represent stages of progressive disorder or not. If they do, then the outlook for preventive treatment of the ultimate psychoses is in a high degree favourable, for it seems almost certain that we have already got together enough knowledge to prevent many of the neuroses and psycho-neuroses, whenever we collectively and individually care to apply it. Also, of course, the recognition of direct causal connection between certain psycho-pathological forms and definite physical diseases removes such forms from the "incurable" class. But it does not seem probable that along this line we can look for any serious reduction of the total of mental invalidity. Meanwhile, it is notable that the very great fall that has taken place in the death-rate, and in physical illness generally, has not been accompanied by any corresponding fall in the volume of certified lunacy, or in the amount of less pronounced psychic aberrations.

It has, of course, long been realized that man had psychic powers and faculties beyond those of which he is ordinarily conscious. But it is only within comparatively recent years that the influence of the unconscious, as well as of the sub-conscious, mind on almost every thought and action has been appreciated. "The little domain of consciousness

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illumes only a tiny fraction of the soul's domain " As Oliver Wendell Holmes illustrated it : " We wish to remember something in the course of conversation No effort of the will can reach it. But we say . ' Wait a minute, and it will come to me,' and go on talking Presently, perhaps, some minutes later, the idea we are in search of comes all at once into the mind, delivered like a prepaid parcel at the door of consciousness, like a foundling in a basket "

We arrive at conclusions by all sorts of mental processes other than those which we rather unctuously characterize as those of pure reason In ordinary everyday life, we pick out, by instinct rather than by " free will," from the infinite thoughts of our mind, some few, as being specially likely to serve us in the occasion of the moment Much so-called practical ability—and theoretical or abstract ability too, for that matter—is based on the strength and efficiency of this instinct for apt selection, rather than on any superiority in thinking-capacity

In many of the more dramatic forms of insanity, it is the abnormal working of this faculty of selection from the stream of ideas ever flowing through the mind that leads to abnormal action and abnormal " ideas " The logical faculties may, all the while, be functioning with even more than usual efficiency. This always puzzles people who are unfamiliar with the ways of the mentally " unsound " They visit a friend in a mental hospital and, on finding that he talks quite normally about many subjects, and reasons quite clearly about them, cannot understand the medical officer when he tells them that it would be against both the public interest and that of the patient himself to release their friend from control

In typical delusional insanity, it is not the reasoning faculty which is at fault " A patient who is firmly convinced that

THE BASIS OF DELUSIONS

he is the son of George III may be capable of solving the most abstruse mathematical problems ; and may perhaps fulfil duties in the asylum which demand the utmost nicety of judgment and discrimination. He does not believe that he is the son of George III because he has lost the capacity to reason, but because the proposition is presented to his mind in a light which makes it the only plausible conclusion possible. He is only apparently irrational, because the observer does not see the chain of mental processes which have produced the result "

Many of our most strongly held convictions have little more rational basis than has this " delusion " It is only when a " delusion " is contradicted by facts obvious to nearly all of us, that it is regarded as an indication of a disordered mind Plenty of people who call themselves Christians, Atheists, Conservatives, or Socialists, if seriously cross-examined as to the fundamentals of their creed, would make little better show than might this claimant to belated royal honours

We need much more detailed and much more intimate knowledge than we yet have of the early history of the patients who ultimately find their way into our mental hospitals We do not yet know with any degree of certainty, in what proportion these serious mental aberrations are due to unalterable, inborn physical and psychic abnormalities ; to what extent to preventible or modifiable educational or environmental circumstances.

Between the sane amongst us and the most " difficult " inhabitant of a mental hospital, we can as yet draw no clear differentiating line What we commonly speak of as insanity includes but a small part of the totality of mental disorders The individuals whom society thinks it expedient compulsorily to segregate are but a fraction of the mentally

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sick in the community at any given time. Here is a relevant quotation from an American psychiatrist, Dr D. R. McFie Campbell. "The sort of material which is before us when we try to frame a general conception of mental disorders . . . is a motley group. It includes respectable bankers, peevish with their wives ; scrupulous housewives with immaculate and uncomfortable homes , children with night terrors and all sorts of wayward reactions , earnest reformers, intellectuals and æsthetes ; delicate and refined invalids, evasive and tyrannical, with manifold symptoms and transitory episodes ; patients delirious with fever, or reduced by a great variety of organic diseases , patients frozen with melancholy or indulging in an orgy of exuberant activity ; patients living in a fantastic world with morbid visions and communications and uncanny influences, in whose universe one sees no coherence or logical structure , patients keenly logical and argumentative, embittered and seeing round them a hostile world with which they refuse to compromise "

Psychic illness, like organic illness, is regarded as such not only because there is a disharmony or conflict between the impulses and tendencies within us , but also because of a disharmony between ourself regarded as an entity and the social or cosmic circumstances with which we are called upon to establish at least a workable compromise. Moreover, psychic misbehaviour indicates something not entirely parallel with that physiological misbehaviour with which doctors are for the most part concerned. The latter is interwoven with internal or external disharmony in the unconscious field only ; psychiatry is concerned mainly with disorders made manifest at the conscious level, though it has to take into account happenings which, though functioning for the most part subconsciously, can, spontaneously, or by

INAPPROPRIATE ACTION

the application of special techniques, be brought on to the screen of consciousness.

There is another aspect of mental and emotional disorder that distinguishes it from physical disease as the latter is conventionally regarded—possibly wrongly. We speak in ordinary medical language of diseases of this or that part—of the liver, or the kidney, or the brain, or this or that gland or tissue. But all mental disorders, all emotional diseases, are of the whole person, of the individual, not of this or that part of him. Sanity and insanity, therefore, are usually to be regarded not as mere phenomena in cerebral science, but as phenomena of the whole personality.

In the simplest organisms, no distinction can be drawn between physical ill-health and insanity. But, directly we reach the multi-cellular state and, more pronouncedly, after consciousness has emerged and certain spheres of activity have come under the guidance of experience and intelligence, it becomes possible to distinguish between them. It is not to disturbances of internal harmony among the cells and organs of the body, but of the collective failure of the whole organism to react advantageously—from a self-preservative or species-preservative point of view—to ever-varying environmental circumstance that the name insanity has been given. From the political—as opposed to the clinical—point of view, the problems of insanity are problems not of thought or emotion, but of action or of failure to act. Thoughts and emotions are considered relevant only in so far as they lead to, or are calculated to lead to, phenomena in the realm of action.

Whatever may be the causes—physical or psychic—in specific instances, the mark of insanity is an inability mentally to adapt oneself advantageously to the circumstances, human

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and material, which surround us. But a lot depends on the interpretation of the word "advantageously." Mere eccentricity and fanaticism are often held, even by reputed scientists, to be in essence mild forms of mania. But there is all the difference in the world—not merely in degree but in kind—between the man who, believing literally in the religion that his mother taught him, chooses in a moment of danger to pray to God rather than to save his fortune ; and him who, with no wish to risk his life, selects the middle of Cheapside at noon as the spot on which to offer up his prayer. Dr. Johnson made this distinction in speaking of his friend Smart. "Madness frequently discovers itself merely by unnecessary deviation from the usual modes of the world. My poor friend Smart shewed the disturbances of his mind by falling upon his knees and saying his prayers in the street, or in any other unusual place. Now although, rationally speaking, it is greater madness not to pray at all than to pray as Smart did, I am afraid there are so many who do not pray, that their understanding is not called in question."

It is not the choosing of unusual ends that constitutes insanity, but the inability to keep one's aims in proportion, and by intelligence and compromise to set about their attainment. To believe in the existence of devils is but to share the creed of many, but to wrap oneself in the *Morning Advertiser* in order to repel their attacks is fairly to be regarded as insane.

What the ordinary man, including the ordinary doctor, commonly falls to understand is that others may not set the same relative value on things as is set by him and most of his fellows. Nearly every advance, both in social organization and in knowledge, has been due to individuals with unusual standards of value ; yet it is certain that many a man and woman has in the past been "signed up" as a lunatic and

REJECTION OF OBVIOUS EVIDENCE

incarcerated in an asylum for no better reason than that they do not share the ideas and "form" of the herd

Thanks largely to Locke, it is commonly believed that madmen are people who reason perfectly from false premises. This, however, is far from being a true statement of the case. It may be noted, as a first objection, that this particular characteristic stigmatizes nearly all mankind. The logic of a lunatic is, indeed, often amusing in its verbal precision, but it is this very "precision" which is its condemnation, both as logic and as a mark of sanity. Perhaps the most general characteristic of the insane mind is its inability to control the faculty of attention so as, by comparisons with other relevant phenomena, to check the conclusions or judgments to which fancy or obsession, assisted only by verbal logic, might lead. There is nothing insane in allowing one's imagination to make a picture of oneself as Emperor of the World. It is the continuing to hold this as a real belief, in face of the evidence of one's clothes and furniture and menial duties, that characterises insanity. To have the momentary fancy that our legs are made of butter may be due to some mere sensory disturbance, but to continue to believe it in spite of the fact that they show no signs of melting when exposed to the heat of the fire is clearly insane. Pascal used, on occasion, to be obsessed with the idea that immediately in front of him was a yawning abyss. In order to overcome the obsession he would ask that a chair might be placed in front of him. Normally, his reason then told him that, since a chair would not stand on air, the abyss did not exist. But at times this remedy failed, the chair did not convince him. At such moments he was insane. Not only did his mind deceive him, but he had lost the faculty of comparison with what we call reality.

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To contemplate insanity as a single entity, however, is fatal to clear or useful thinking about this subject. The forms and causes, the appropriate treatment and the prognosis are as various in mental as in physical ailments. We should have made small progress in general medicine had we insisted on treating disease in this collective, and wholesale manner. Between amentia, dementia and acute mania are differences as great and fundamental as between syphilis and myxoedema. Yet I am afraid that the public, and not a few medical practitioners, still customarily lump the whole lot together. Serious psychiatrists have, of course, long recognized this essential diversity, and fine and promising work is being unostentatiously done on that basis. Probably the biggest single reform necessary in lunacy administration is the breaking-up of the great mixed mental hospitals, the "collectivism" of which makes serious treatment of the curable forms of mental disorder difficult, when not absolutely impossible.

But what is most necessary to get into the mind of the public is the idea that mental disease, however real, does not inevitably call for legal restraint in mental hospitals. Apart from danger to the individual or to other people, or from serious risk to the property rights of others, through mental disorder, any forcible restraint on the elementary freedom of an individual, sane or insane, should not be lightly tolerated. Reforms in lunacy law and its administration, and in the hospital treatment of certified individuals are, by the side of this fundamental issue, relatively simple matters. At what point are obsession and inability to compromise to be regarded as a danger to their possessors or to the community at large ? We do not compel a man suffering from cancer, even in its early stages, to submit himself to the surgeon's knife. Nor do we lock up a gambler to prevent him from squandering his

• WHEN IS HOSPITAL TREATMENT NECESSARY ?

fortune. Nor do we protect credulous people from the frauds of advertisers. It is by no means easy to define the stage at which we are justified in interfering with a person's liberty in order to prevent him from making a fool of himself. It will scarcely be urged that we are entitled to incarcerate everyone who, through indifference to material things, or disregard of convention, is considered by his friends and relatives an intolerable nuisance. There is a tremendous amount of rationalization practised over this matter. Really, we all look upon lunatics as an abominable incubus—and so they are. But when we shut them up in barracks, we try to humbug ourselves by pretending partly that it is for their good, partly that it is absolutely necessary. Setting aside the homicidal and the suicidal, this is mostly rubbish, but we have not the courage to face the facts.

There is, also, the converse danger. The ordinary layman has naturally little experience to help him in forming an opinion as to which insane persons are dangerous and which harmless. It may seem evidence of but an innocent delusion to be guided by the voice of angels who visit us at nightfall, provided we do our day's work efficiently and well. But if, one evening, the angels order us to take the baby in our arms and fly from the roof straight to Heaven, that supposition is undone. It is obvious that nothing but experience, the utmost care, and much discrimination, can guide us as to what is best in each particular instance. And, no matter what we do, events will occasionally prove us wrong. The task of discrimination is certainly too great a responsibility to throw on an average medical practitioner whilst medical education remains where it is.

Still, while the major interests of the community must remain paramount, more thought and consideration than are

now customary should be given to the interest and freedom of the individual, however abnormal. But, in making this criticism, or in echoing it, let us not, as is so commonly done, concentrate it on the doctors and the officials called upon to perform an unpleasing task.

Few people realize how great is that nation within a nation which is enclosed within our mental hospital walls, nor can we at present say with certainty that there are clear indications of its becoming smaller, indeed, its numbers increase yearly.

The Annual Reports of the Board of Control, though indicative of growing solicitude for the comfort and welfare of the men and women formally certified as insane, are scarcely reassuring. The increase in our asylum population is, in fact, largely accounted for by the greater longevity, of sane and insane alike, which hygienic science and economic improvement have brought about. Not only do the occupants of mental hospitals live longer than they did, but the adult section of the outside population—from which section, mainly, the insane are recruited—constitutes every year a bigger proportion of the whole.

But the disturbing thing is that the ratio of recoveries to cases is so constant. Year after year, the thirty per cent recovery-rate remains almost unaltered. If it be really true that, in the often-quoted words of the Report of the Royal Commission, "insanity is, after all, only a disease like other diseases," and that "a mind diseased can be ministered to no less effectively than a body diseased," it is obvious that students of psychiatry have not yet solved the pathological and therapeutic problems which it presents. As has more than once been said in these pages, the professional attitude to mental aberration is more sympathetic, more humanitarian, than ever it was, and public provision for the comfort and happi-

INCIPIENT MENTAL ILLNESS

ness of the insane is incomparably better than even a few decades ago. But neither the New Psychology—which, in spite of its vagaries, has illumined many a dark turning in human behaviour—nor the New Physiology has yet led to the emergence of a curative technique effective enough to modify psychiatric statistics.

Remembering how large a proportion of insanity becomes classifiable as such only in adult life, it is impossible to avoid the suspicion that a large number of mental illnesses—especially the biogenetic psychoses, dementia præcox and the manic-depressor type—have their beginnings in departures from psychological health as relatively trivial and possibly as relatively remediable as are the parallel beginnings of many a physical disorder.

Unfortunately, the observant layman can but feel sceptical as to the value of any medical advice on this subject that is likely to be within his reach. As things are at present, doctors, unless they specialize in psychiatry, commonly know as little as does the layman about the physiology and pathology of the mind. Rarely has the ordinary practitioner the vaguest idea of how to set about the study and investigation of mental illness. Yet it is the ordinary practitioner who might prove most helpful if he could be guided on to the right path.

Doctors who practise among working people—and, after all, working people are the great majority of the nation—know how difficult is the problem presented by such incipient mental illnesses as are manifested by anxiety, depression, a sense of stultification and the like. The prescription of complete change of surroundings, rest from monotonous work and the securing of pleasant mental stimulation which, in varying degrees, is available to the doctor practising among the well-to-do, is to his colleague farcical. If these unhappy

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people, before their psychoses became established, could be removed, to quote Janet, "far from their families, their enemies and their friends," as well as from the all too generally wearisome, depressing atmosphere of their homes and work, it is likely that many a tragedy would be averted. Is it credible that none of the four thousand suicides which take place every year might have been averted by a combination of physical and philosophical therapy at the right moment ? The old-established religions have, in the course of their long history, fulfilled in the life of society many functions only indirectly connected with theology or morals. The modern intellect has found increasing difficulty in acquiescing in ancient dogmas and creeds, which accordingly have lost their influence on ordinary life and thought. This is not the place to discuss the purely metaphysical and philosophical significance of the change. But, coincidently with this throwing over of traditional dogma and ritual, the individual has incurred great responsibilities, against which all sorts of institutions and practices devised by the church hitherto insured him. The convent, the retreat, the confessional, the code of dogmatic postulates for the unhesitating solution of all kinds of moral and instinctive dilemmas—all have played useful and important parts in the hygienic history of the mind at least as great as their hitherto generally accepted parts in promoting spiritual salvation.

We want to evolve a new type of sanatorium, not so much for those acutely sick in body or mind, or even for the convalescent, as for these "early cases," destined to go wrong "if nothing is done about it." In such real health resorts or "retreats," drugs and the other conventional therapeutic agents of the medical art will, no doubt, have their place. But drugs will play a small part compared with those played by

VARIABLE MENTAL REACTIONS

sunlight and fresh air, and by that true rest and recreation towards which art and philosophy, religion and science, play and work, instruction and sympathy, have each something to contribute

Although, measured by curative power, applied medicine is still sadly ineffective, our new knowledge of human physiology has provided for the first time a solid and scientific basis on which a true art is beginning to be built. Does the new psychology of Janet, Freud and their followers afford an equally sound basis for the comprehension and treatment of mental disorder? Hitherto, psychiatric therapeutics cannot be said to have existed, our asylums and mental homes serving merely as detention hospitals for the segregation of individuals who could not, with safety to themselves and to their neighbours, be left at large. The treatment of the insane has been a question, not of curing or of helping towards recovery, but of social expediency. Nor, so long as our knowledge of mental physiology remains so rudimentary as it was until a few years ago—and it is but a little less so to-day—could it be otherwise.

The ætiological and clinical details of mental disease are not comparable with those of most of the diseases discussed in the medical text books and “treated” by the ordinary doctor. Thus, in psychiatry, we find no specific causes that can be counted on to start a well-defined series of symptoms. When the body is invaded by a particular germ, such as that associated with diphtheria, or with malaria, or with typhoid fever, the physiological reactions, though varying to some extent with the individual, are in each disease usually sufficiently alike to be readily attributed to the particular unseen “cause” responsible. There is no comparable uniformity in the reaction of any group of the insane. This is perhaps not surprising when

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we remember that the reactions which characterize the ordinary diseases with which the physician deals take place below the level of consciousness. In mental diseases, on the other hand, as cannot too often be reiterated, the reactions are at or above the level of consciousness ; and, accordingly, are greatly influenced, not only by inherent idiosyncrasy, but even more by the history and personal experience of the individual.

Most of the progress achieved in the art of medicine during the last century or two is attributable to the adoption of a physico-chemical conception of disease. Experiment and organized observation have been used to find explanations in terms of things and events recognizable by our five senses. But it is becoming increasingly evident that, even in the realm of physical disease, this conception and this method have their limitations. The inadequacy of a parallel explanation of mental disease is still more apparent, though many attempts have been made to build up a psychiatric pathology on this basis. It is theoretically possible that all mental happenings synchronize with changes in the physical brain—whereby the sensory impact of our environment establishes relation with our conscious selves—but it by no means follows that those changes are such as are objectively recognizable by the human eye, even when supplemented by all the instruments of the optician. Mental unsoundness does occasionally result from crude injuries to the tissues of the brain, whether caused by physical forces from without or by poisons from within. But there remains an enormous proportion of our total insanity which cannot be thus accounted for. Even those temporary outbreaks of psychic illness which we call epilepsy are unaccompanied by any structural changes in the brain distinguishable by our acutest pathologists, and it is usually

EMOTIONAL STRESS PROVOKING INSANITY

impossible, by the examination of the brain, to decide whether its owner was a sane man or an insane man. It is, of course, conceivable that insanity, even though no changes can be detected in brain or nerve, may yet be marked by modifications of other structures of the body, or of their secretions. We know, for instance, how very intimate are the inter-relations between our emotions and those as yet very little understood organs, the endocrine glands. It is they which respond in the first instance to such states as fear, anger, enthusiasm and joy. Their activities do not show themselves on the screen of our consciousness ; but the results of these activities—that is, of the potent chemicals which they pour into the blood—are obvious in the furrowed brow, the facial pallor, the throbbing heart-beat, the taut muscle, and so on. It is some perversion of the emotions, some misuse or unnatural restraint of their expression, to which a very large number of cases of insanity—not traceable to accident or physical disease—are probably due

It is well known that serious emotional disturbances are liable to bring about marked alterations of conduct ; sometimes to provoke those extreme perversions which are regarded as manifestations of insanity. Our capacity for prompt adaptation to familiar demands depends very largely on the orderliness of what we may call our emotional associations , for memory is mainly, if not wholly, a function of the emotions, rather than of the intellect. It is the emotional aura of a thing or a person or an event which, recurring, revives the sensory and intellectual phenomena of the original association. It is because the explanation of mental perversion so commonly lies within the affective realm that the reasoning of acutely insane persons is often so logical and clear.

In the light of our present knowledge, we can no longer

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look upon the mind as an expression of the activities of the brain alone ; rather is it one expression of the activities of the whole body. A sane mind, accordingly, is indicated by conduct, and not solely by intelligence. It is possible to have an excellent brain, and yet not to have the capacity to use it properly. So long as we look upon mind and body as dissociate things, or as but loosely related as master and servant, it is impossible either to form a clear idea of health or effectively to tackle the problem of adapting ourselves and our lives to the constantly varying circumstances that environ us. There is considerable danger in our habit of separating our activities into mental and physical, necessary though that separation is, on occasion, and for special purposes. But we altogether over-value those mere mental tricks with words, which are commonly confused with real thought. Few of us have, in fact, more than a very elementary capacity for abstract thinking ; and when our minds get out of sight of our muscles we are apt to flounder in a confused medley of day-dreams and reality, between which we soon lose the power to distinguish. It takes a really sane mind safely to indulge much in day-dreaming or undirected wishful thinking. Healthy, active life involves constant self-adjustment, and the further our imagination travels from that to which we are accustomed, the more difficult does that adjustment become, and the more powerful and orderly must be the higher controlling faculties of the mind. Bode has compared the simple, virtually automatic, adjustments which the individual makes to customary and familiar variations of surroundings, to travellers in a railway train along definite, fixed lines ; while the more difficult and more fully conscious adjustments made to meet unusual, hitherto unexperienced circumstance, real or imagined, " resemble rather the activities of a

THE INFLUENCE OF TABOOS

band of explorers, who hew their way through the forest, building roads and bridges as they advance." Social conventions of a prohibitive kind, which are opposed to normal instincts, and not in accord with the dictates of the individual conscience or intelligent judgment, have a most evil effect on the mental health of society. As Dr Paton has pointed out, it is almost impossible for society to repress appetites without at the same time repressing ambitions and the development of creative ideas, upon which all real progress depends. Perversions, obsessions, and dangerous phantasies are largely attributable to taboos which have long outlived whatever biological value they once possessed.

We are at last beginning to master the elements of applied psychology, and are gradually building up a causative series in the realm of mind, parallel with that which science has built up in the physical realm, yet it still remains true that there is often a close inter-relation between the sound body and the sound and healthy mind. Everyone who has been in contact with any considerable number of individuals suffering from mental breakdown, whether of the slighter types, included under such headings as neurosis, neurasthema, and the like, or of the more grave kinds which lead to the sufferers being segregated in mental hospitals, has seen in how large a proportion of cases physical deterioration has preceded or accompanied the psychic degeneration.

There is something visible and tangible about the body in contrast with the vague and nebulous conception, the mind. We do know quite a lot about such a thing as the blood and about the various changes, physiological and pathological, that occur in its composition, and we have acquired a very extensive and very valuable mass of traditional lore as to the influence on bodily health of all sorts of foods, exercises and

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other things. An active outdoor life ; plain, wholesome food ; regularity of meals and sleep, and the avoidance or very moderate use of such poisons as alcohol, will go a long way towards making our minds healthy and towards preventing premature mental breakdown

But, whilst this should be our first great hygienic line of action, what we may call purely mental hygiene should not be neglected. Just as our whole mental life—our feelings, our emotions, and our thoughts—can be traced back to phenomena, primarily physical, made appreciable to us through the medium of our sensory organs, so, no mental state can exist, no thought can formulate itself—even though it be a thought built up by association and comparison of remote sensory impressions—without coincidently provoking us to express that thought in physical action

We stand on the station platform while the express train whizzes through. As we contemplate it, we are nearly always half conscious of an impulse to share the train's motion. A parallel sensation is commonly experienced when we gaze from a height into the void below. Normally, even stronger inhibitory impulses counteract these primary tendencies. Of many, probably of most, of our first spontaneous impulses, we are perfectly unconscious, so habitual and so speedy is the action of the corrective inhibition. The facts that there is a tendency for every thought to reproduce itself in physical action, and that the more frequently a thought recurs the stronger becomes this tendency to manifest itself on the material plane, remind us how important it is to keep our stream of thought flowing along wholesome channels

The faculty of inhibition, of holding-up the initial impulse to act, until other thoughts and motives have had time to operate, is much more lately developed in the history of our

IMPULSE AND INHIBITION

species than is the impulse to act. Accordingly—obeying a well-known biological rule—we find this tendency to pause and to consider relatively weak in children. It is, therefore, of special importance that the furniture of the minds of children shall be, to a considerable extent, selected by their elders. Left to chance, bad mental and physical habits are quite as likely to develop as are good ones. For, even had the child a developed faculty of inhibition, it would be of little value, seeing how embryonic in his case would be the alternative forms of reaction. Neither experience nor abstract ideals could play the important part which they do at every moment in the lives of well-trained and properly developed adults.

The modern movement, in this country, towards the abolition of discipline is full of danger, for, although excessive discipline, whether imposed from without or imposed by oneself, is stultifying, its total absence leads to nothing but muddle, and to that constant worry and dissatisfaction which the lack of a scale of values and of a personal code inevitably produces. Order and liberty are by no means the antitheses that many people take them to be; and he will in the end find himself most truly free who has as his obedient servants a staff of good and wholesome habits of the mind and of the body.

XI

THE NEUROSES

At the bottom of nearly every form of mental disorder, from the mildest neurosis to the most acute mania, is one common characteristic, an inability or an unwillingness to face facts. Consequently, develops a life of pretence—not a fraudulent pretence that deceives others, but a much worse deception that soon becomes to the victim himself indistinguishable from the truth. The extreme examples are to be found only in mental hospitals, where men loading dung carts are convinced that they are Napoleon at the height of his power, and women monotonously scrubbing floors are Queens of England or of Sheba. But, in everyday life, we are constantly coming across less pronounced instances of the same phenomenon—people who cannot or will not recognize and accept their inherent limitations, or the limitations imposed on them by unalterable circumstance, who cannot find the courage to say to themselves “I am what I am”

A good working sense of proportion is, perhaps, the most valuable piece of capital which any man or woman can inherit or acquire. It is a great thing to know what one wants; but it is no less important to be clear as to what one wants most, for, obviously, life is short and time is fleeting, and we can never hope to realize more than a tithe of the attractive and appealing fancies that move across the screen of our imagination. The lesser has, therefore, constantly to

INTELLIGENT STEERING

be sacrificed if we would possess the greater ; the good has again and again to be foregone as part of the price of the better.

There are thousands of people, otherwise sensible and intelligent, in whom all things and all events seem to produce equal reactions. Burnt bacon and broken love are, to such people, at the several times of their occurrence, almost indistinguishable tragedies. In the somewhat irritating conditions of civilization, to which our species is not yet fully adapted, occasions for such petty despair are far more frequent than are occasions for equally indiscriminating optimism. The course of true happiness, like that of love, calls for a good deal of intelligent steering, which is only another way of saying that it calls for a good deal of sound practical philosophy.

There is enough real tragedy in life, heaven knows ; but nine-tenths of human irritation, depression and psychic disorders generally are due to a failure to realize the fact that we cannot eat our cake and have it. The price of a good is rarely the sacrifice of a bad. Far more often it is the sacrifice of a lesser good—lesser, that is, in our own individual scale of values. "Thou art unjust," said the philosopher, "if thou desire to gain things for nothing, without paying the price for which they are sold. How much is a lettuce sold for ? A penny, perchance. If anyone, then, will spend a penny he shall have lettuce, but thou, not spending, shalt not have it. Or, again, thou art not invited to some man's feast ? That is, for thou gavest not to the host the price of the supper. Shalt thou have nothing, then, instead of the supper ? Thou shalt have this—not to have praised one thou had no mind to praise."

Here lies the difference between the self-indulgent and the

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man or woman of character. Both alike may be said to pursue their own ends ; to seek, deliberately or instinctively, their own welfare. But the man of character plays the bigger game. He plays his hand with judgment, and establishes his long suit , whilst the other squanders his aces and trumps, and loses the hand after all.

Just as in the desired and desirable things of life we are apt, in the absence of any considered scale of values, to indulge the whim of the moment, no matter how fleeting may be the satisfaction, no matter how great the reality thereby made for ever unattainable so, also, in dealing with the ills and difficulties which none of us can wholly escape, we often allow ourselves to be unduly influenced, unduly diverted from our course, by trivialities which a developed, healthy mind would regard as lightly as the muddy patches on a beautiful country road

A very large part of the chronic invalidity so common in every class persists more because of a mistaken philosophy—an awkward attitude of mind—than of actual physical disability. It is surprising what small physical calamities lead some people to assume the martyr's crown and to retire from ordinary life. It is extraordinarily difficult whole-heartedly to sympathize with many of these individuals. There is something unsporting about their attitude , like refusing to go on playing because one is run out at cricket, or because one has been dealt a poor hand at cards, or given a small part in a stage performance. After all, even the most nearly physically perfect of us is just a mass of limitations. We cannot use our arms as wings, as does a bird ; or as fins, as does a fish. The things we can do, even in the physical way, are as nothing compared with the things we cannot do ; or even compared with the things a perfect man might do. Some of the most

MISUSE OF INTROSPECTION

valuable and most difficult work in the world has been done by plucky people afflicted with disabilities which would have sent many a man to bed, or to an invalid's chair, for life

Of late, doctors have rightly devoted considerable attention to what are called the beginnings of disease, and, as a natural consequence, all sorts of symptoms and manifestations, once classed as minor and unimportant, have acquired a new significance and a new psychological dignity. Unfortunately, this useful excursion of speculative medicine has led to a morbid preoccupation with trivial lapses from physical health which, nine times out of ten, would, but for this focussing of attention on them be automatically corrected as quickly as they occur.

The introduction into the language of the term "neurosis," and the modern tendency to regard moral cowardice and an unphilosophic attitude to life as unavoidable diseases of which no one need be ashamed, has led to a widespread degradation, psychic even more than physical. Not that neuroses are of no account, but the way to overcome them is not by eternally thinking about the symptoms they produce. Concentration on self is at the bottom of a very generous proportion of the mental illnesses and disorders of to-day.

No advice more profoundly wise has ever been tendered to humanity than the exhortation, "know thyself." On the other hand, no advice has been more misapplied. What the philosopher had in mind was that knowledge of one's powers, one's limitations and one's true motives on which alone truth and charity, wisdom and useful action, must depend. Introspection, however serviceable and even necessary it may be, easily becomes by misuse or over-use transformed into a vice harmful to the individual and harmful to those with whom he comes into daily contact. Useful introspection is but a

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process of preparation, it cannot be an end in itself. A blade may be ground on the stone until not only is the time for its use past, but the very weapon itself has been worn to the point of inutility. It is well to know how stands our bank-balance, but it is idle and foolish to pore over its columns hourly or even daily. Man is not a self-enclosed or self-contained entity; but, on the contrary, is what he is quite as much by virtue of his relations with that which surrounds him as by the psychical and physical machinery the wheels of which revolve within him.

One of the strongest of human impulses is that which urges us to assert ourselves, to prove both to ourselves and to others that we are *somebody*. In reality, it does not so much matter about convincing other people of our importance in the scheme of things; but it does matter a very great deal whether or not we succeed in convincing ourselves either of our own importance, or of the unimportance of our being important.

This instinctive desire for self-assertion, self expression, is far from being a bad thing. But for it, the world would be a dull place. Fortunately, the number of ways of being important is as large as is the number of human beings. As soon as one has got that idea into one's head, it is possible to share the spirit of Whitman:

"Henceforth I ask not good-fortune, I myself am good-fortune."

Not so happily, there is a tendency in most of us to hide realities from ourselves, to pretend to ourselves that things are not what they are. And this, as has been said, is at the very root of neurosis. Nearly always, possibly always, a neurotic patient is, more or less, unconsciously, trying to persuade himself that his failure to outclass his fellows is due, not to any inferiority of intellect or character, but to an unavoidable,

STIMULATING SELF-ASSERTION

and therefore undisgraceful, physical ailment or limitation which the world regards with sympathy.

The ancient prescription for whimpering babies : " Give it something to cry about," was not entirely stupid or cruel. Often, the smack, shrewdly administered, increased the child's self-assertive feeling, and so hastened the cure. The intelligent treatment of neurosis is along not very dissimilar lines. The great thing is to excite the patient's emotional interest in some activity, preferably of body and mind combined. That is why the cultivation of a hobby is so useful. We need never be unduly sceptical when we read in the papers about bed-ridden patients who have suddenly recovered their powers of locomotion on hearing that the house had taken fire. There are demonstrated instances, indeed, of the deaf, in such circumstances, recovering their hearing ; and of the apparently blind regaining their sight. The rational treatment of neurosis consists in adopting all measures that incite to personal assertiveness—physical and psychic—calculated to convince the self-diagnosed " inferior " of his relative potency and effectiveness. It is important to get out of the way of thinking of neurotics as fundamentally different from the rest of us. All of us are more or less neurotic, and the difference between us is merely one of degree. Perfect harmony is not a quality of actual human life.

By a neurosis we commonly understand a symptom or a disability which would disappear with a change of mental outlook. Philosophy has proverbially proved ineffective as a cure for toothache, but in dealing with invalidity unaccompanied by apparent bodily changes it is to an altered attitude to life and to the world, rather than to physical or chemical therapy, that we have to look for remedy. Because neurotic states are associated with many happenings in the

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somatic realm, from blushing to hyper-activity of the adrenals, superficial observers are apt to conclude that they can adequately be studied along physiological lines alone. But, as Wechsler, in his study of the neuroses, says . " It is fruitless to discuss an obsession in terms of chemistry, or an hysterical phobia in terms of physics. As well discuss the beauty of the Sistine Madonna in terms of aniline dyes, or the tragic conflict of Hamlet in terms of radio activity " Adler also reminds us again and again that psychologic realities are not of a physiological nature, and that they elude chemical or physical tests. " The fact that anxiety, for instance, affects the sympathetic and para-sympathetic nerves does not reveal the cause of anxiety. Its origin is in the psyche and not in the soma . . . The most exact neurological description of anger is of almost negligible practical value as compared with our actual experience of how anger is used to dominate a person or a situation " .

As the very word signifies, health, in a composite and complicated organism such as man, implies an harmonious integration of the several parts and specialized faculties in the interests of the whole. A neurosis may be analogically regarded as a sort of deformity of the mind—a failure in that unity of purpose and activity which constitutes true sanity, psychic as well as physical. To Freud we owe a great debt for the light he has thrown on those conflicts in our mind which take place below the level of consciousness. It is of such conflicts that neuroses are born. However much we may dissent from Freud's doctrine of pan-sexualism, we cannot forget that he has made far and away the biggest contribution of the century to psychologic science. Adler, who was the first disciple to break away from the rigid Freudian school, while agreeing that the conflict which characterizes the neurotic personality is essentially between the ego and the

THE DESIRE FOR IMPORTANCE

ego-ideal, assigns to the conscious mind a much larger part in this psychic controversy than that allotted to it by the strict Freudian. It is one of Adler's distinctive claims that he has emphasized the complementary rather than the antithetic parts which the conscious and the unconscious play in psychic events. He holds that the real conflict is between capacity and opportunity on the one hand, and ambition on the other. In capacity and misfortune alone could never produce a neurosis. It is only when these cannot be consciously accepted as natural limitations that a sense of humiliation and stultification arises ; and it is the attempt to hide this humiliation, both from oneself and from others, that starts the neurosis.

Adler's main principles may be briefly, if somewhat crudely summarized thus. We cannot think, feel well or act without the perception of some goal. Every mental process is therefore tendentious. This goal, in every human individual, is one of superiority. Consciously or unconsciously, every thought, indeed every psychic movement, represents a groping towards this end. To assert our individuality to tower above others, even if it be only by virtue of our superior physical disabilities, is the ideal which Nature has implanted in the soul of each of us. Thus arise jealousy, envy, avarice, intolerance, dogmatism, brutality, patronage, and all the pomps and struttings of one half of the world, and the complacent saintliness, admiring self-pity, arrogant humility, boastful suffering and satisfied benevolence of the other half. Individuals vary somewhat in their tastes, but the ultimate aim is pretty much of a muchness, to humiliate others and to satisfy one's own sense of self-importance.

It is not a theory very flattering to human nature, but then most of us who have thought much about human nature cannot help wondering if flattery is exactly the medicine it needs.

THE NEUROSES

In dealing with neurosis, Adler is on his firmest ground ; for, although we may not agree that all neurotic manifestations are thus explicable, most doctors who have made unprejudiced study of neurotic individuals will be inclined to share Adler's conclusion that their most general characteristic is an abnormal ambition in the direction of self-importance, combined with a deficient strength of personality. Neurotics are thus driven to the adoption of guiding fictions instead of guiding principles , and to the construction of imaginary environments in which they may enjoy at any rate a simulacrum of predominance. Some neurotics are thus enabled to attain a measure of happiness as great as, or even greater than, that of normal people. But many others, unable completely to hide from themselves their fundamental inferiority as compared with the position in which they fancy themselves, suffer from recurrent attacks of depression, often bordering on melancholia.

Such, Adler contends, is the universal explanation of neuroses ; and, even in the cases of neurosis in victims of the war, the same element can be detected. As Dr Gordon put it in a very interesting book published a few years ago . " In the war cases, it was not simply the fright of shells bursting, or the discomfort of wet and verminous trenches, or the tedium of being away from home, which produced the nervous breakdown , there was always some sort of conflict set up between the desire to escape from all these unpleasantnesses and the feeling that to do so was not in accord with the subject's ideals of himself and his duty " In other words, there was a lack of integration within the self-regarding sentiment. The neurotic patient is one who has been unable either to face his dilemma, choose the lesser of two evils, shrug his shoulders and get on with it ; or to discover some intermediate course

NEUROSIS FOLLOWING ABNORMAL STRAIN

which, while not entirely satisfactory, would, at any rate, take him part way to his desired end. Instead of adopting either of these courses, he weaves a network of pathologic fancy which, were it real, would be generally recognized as excusing him from positive action towards the goal whither his ambition impelled him

Anything that weakens the power of the will predisposes to neurosis ; which, therefore, is apt to show itself, even in the best mentally integrated of us, as an accompaniment or consequence of any sort of debilitating illness or long-continued mental or physical strain. Whenever life makes unusual calls on the faculty of adaptation, we may expect to find an increase in neurotic manifestations. And this holds good equally of abnormal demands on a national scale, as in war, and of such individual, biological crises as are experienced at puberty and at the menopause. In perfectly healthy functioning, conflicts between two patterns within the self-regarding sentiment are resolved either by blending and integration, or by the definite suppression of the weaker. In the development of neurosis, these two patterns remain dissociate and conflicting, and action is diverted along visceral and symbolic roads which seem to excuse though they do not usefully solve.

As has been suggested earlier, complete freedom from neurosis implies perfect harmony within the personality and perfect mental adaptation to the environmental circumstances of each moment. Such integration, control and balance are almost an impossibility and, racially, would certainly be lamentable in their consequence. As Dr Gordon puts it : " Even the average man may be in step in certain dimensions, but half a pace behind in one, and half a pace in front in another. It will depend, therefore, on what dimension is

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significant for the moment, whether a person is normal, neurotic, or a genius."

The capacity to bring the whole force and energy of the personality at each moment to bear in a single direction, and in a manner which, in the circumstances, is best calculated to advance the stabilized aims of the self is, of course, the mark of "perfect mental health" While individuals approximate in varying degrees to this state of perfection, all are subject to rises and falls of integrative power, as times, circumstances and general health vary, and as obstacles of varying degrees of difficulty present themselves Obviously, for example, the life of a conventional-minded clergyman, possessed of private means, is likely to call for smaller adaptive force than is needed in the life of a prime minister in troublous times. Plenty of men who had no difficulty in maintaining a reasonable approximation to mental harmony and mental efficiency in civilian life found the strain of war too great for their capacity.

Apart from all question of environment, however, the more one studies this subject the more one comes to realize the enormous part which early training plays in the establishment of mental health If the fundamental philosophy is wrong, no psycho-analysis, however skilful or shrewd, is going to put things right The influence of training and of environmental circumstance in determining the occurrence of neuroses is illustrated by the fact already mentioned that, although women and girls a few decades ago were much more subject than men to such derangements, this no longer holds good It cannot be doubted that the much freer method of upbringing, the bolder tone of girls' schools, the broadening of their interests by means of games and free access to literature and ideas, together with the much greater opportunity now afforded them to choose freely according to their taste and

HYPOCHONDRIA

temperament among the trades, professions and occupations of a modern community, very largely account for the diminished mental conflict. It is, of course, during childhood and youth that we are most malleable, in both body and mind. As the years go by, our habits of thought and of action become more firmly fixed, and external stimuli, if they are to make a lasting impression, need to be much more violent.

The real treatment of neurosis, as of so many other pathologic states, is preventive rather than curative. The problem is fundamentally an educational one, and calls for study by parents and pedagogues as much as by physicians. The over-developed egotism of the spoilt child and the battered self-respect of the neglected and humiliated child are equal sources of that feeling of inferiority or humiliation in later life on which neurosis depends.

Versatility of temperament and variety of interests and of opportunities for expression are great safeguards against psychic morbidities generally. False notions and faulty habits of thought are, at least as commonly as environment, the real excitants of these disorders. It is an interesting fact that sound philosophers and the unimaginative are alike exempt from neurosis.

Morbid introspection, morbid concentration on self, with a consequent distortion of the relation between the individual and his environment is at the bottom of most cases of hypochondria. There are few better strokes of luck for a cynical and mercenary doctor than to have a well-to-do patient thus afflicted. There are few worse strokes of luck for a busy and honest doctor. Sooner or later, nearly all hypochondriacs fall into the hands of quacks—inside or outside the ranks of the registered practitioners of medicine.

We all of us number among our acquaintances one or more

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of these irritating and depressing individuals. Many of them hug their imaginary or potential ailments much as a miser proverbially clasps his gold ; and there is nothing they resent more than that any of their "symptoms" should be taken from them, or their value and importance underestimated.

Many of us must have known doctors, whose sense of humour and whose worldly scale of values were more obvious than was their sense of professional rectitude and dignity, who boasted of their success in cultivating (not in curing) a number of these patients. One doctor has cheerfully confessed that, out of one of these patients alone, he had succeeded in obtaining sufficient money to pay his rent and to keep his boy at a first class school. "I don't see why I shouldn't have her money as well as anybody else," he said. "I give her what she wants, and she gives me what I want."

The problem for the doctor with a keener sense of social responsibility, and a sterner code of personal rectitude, is by no means so easy. In the course of his work, he is inevitably brought, again and again, face to face with difficulties beyond his or any other doctor's powers of solution ; but he can, as a rule, be honest about it, candidly explaining to the patient or his friends the situation, and the limited amount of palliation that is possible.

The solution of the hypochondriac's troubles is not to be found by analysis of the symptoms of which he—or, more commonly, she—complains ; these, of course, have to be examined to make sure that there is no organic reality behind them. But the true hypochondriac has always a mental problem which he has not really faced. In some way or other, he has, according to his own scales of values, failed in life. Often he has set before himself a picture in which he is a more important figure than in fact he finds himself to be in the world.

DESIRE FOR RECOGNITION

Not deliberately, and not consciously, an explanation or an excuse—not too humiliating—becomes established in his mind, to account for this disparity between his fancy and the objective reality. Hence his illness, or his suppositious symptoms ; for illness is generally recognized as an adequate and not too humiliating explanation of failure of achievement.

It must not be inferred, however, that the average neurotic or hypochondriac is actually inferior in mind or in physique to the general run of his contemporaries ; nearly always he fancies himself as filling a superior role , and circumstances have not favoured him. He is usually a person who is not content to be what God made him, even though he be—as, in fact, we all are—in many ways different from anybody else in the world. It is not so much distinction for which he craves, as the recognition and admiration by others of his unusual qualities.

It is obvious that mental perversion cannot be cured by bottles of medicine, or even by unintelligent sympathy. On the other hand, harshness and ridicule are equally ineffective as remedial agents. To deal with these cases adequately, a doctor needs to be a good deal of a philosopher and a good deal of a psychologist , and, even then, his efforts are likely to be neutralized by the stupidity of his patient's friends and relations.

The hypochondriac is really an individual who has run away from life. One cannot help being sorry for him, because he is bound to miss both health and happiness. At the same time, in dealings with him, it is necessary to preserve one's sense of proportion, and not to devote to an egocentric and selfish individual such a measure of sympathy, time and consideration as would suffice to put on their legs twenty victims of circumstances outside their control.

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Everyone has a touch of the neurotic in his constitution ; and, where the attention is, there is likely to be the pain also. Short of extraction, nothing gives so much relief to toothache as does preoccupation with something else, and perhaps the most generally applicable "cure" for hypochondria and "imaginary" illness is interesting employment, whether this employment takes the form of study, or sport, of work, or hobbies. And it is a striking fact that the recent widespread unemployment of men, coincident, as it is, with a far greater number, and a far greater variety, of employments open to women, has been accompanied by an increase of neurosis among men, and a considerable lessening of neurosis and hypochondria among women. Other factors enter into this change, as is suggested elsewhere, but this readjustment of work and opportunity is of the highest importance in its causation.

Generally, we think of these unfortunate fruits of fancy as being more or less trivial, except in the mind and imagination of the patient, but they are capable on occasion of bringing about serious changes in bodily organs, and may sometimes, actually end in death. There are several accredited instances of nervous persons who have died on the operating table from anæsthetic shock, before a drop of chloroform has been placed on the mask, and similar tragedies have resulted from great fear provoked in other ways. This sort of thing is quite common with many other animals. Birds often die from shock, merely from being held in the hand, although that hold be ever so gentle. Every doctor has on his list patients now presenting what are called "physical signs" of illness, who started their downward pathological course with symptoms purely mental and imaginary. Here may be quoted the illustrative case of a young woman who was sent into hospital because

HYSTERIA

she had all the symptoms of gall-stones, although her doctor was unable to find the slightest objective evidence of any trouble with the gall-bladder. In hospital, the girl continued to present every symptom pointing to this conditioning—pain, sickness, slight rise of temperature, and so on. But X-ray examination showed that no physical cause for these symptoms existed, and the surgeons, coming to the conclusion that the girl was suffering from a form of hysteria, refused to operate. Both the girl and her mother were, however, dissatisfied with this decision, and still pressed for an operation. It turned out that the mother had actually suffered from gall-stones, and had been successfully operated on for that disorder. During her illness, the daughter, who was devoted to her, had been her nurse and constant companion. When, later, the girl suffered from slight abdominal pain consequent on constipation, both she and the mother became convinced that the trouble of the parent had been transmitted to the child, whose imagination set to work to reproduce all those symptoms which she had so long sympathetically observed.

The sequel of this story is not uninteresting. The surgeon, having refused to operate, the patient was removed to another hospital, where the urgent request for surgical intervention was repeated. This time the surgeons yielded and the abdomen was opened, but, the gall-bladder and all other organs being found to be perfectly healthy, nothing further was done beyond re-closing the wound. From that moment, nevertheless, all symptoms disappeared.

As a matter of fact, as most people are now aware, a very large part of the doctor's work consists in wheedling people out of their fancies, their fears, and their despairs. A doctor without the faculty of human sympathy—which means ability to put himself in the other person's place—may make a good

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symptoms in another. Yet we do not attribute the fatal illness of the first to "mere neurosis" or "imagination." Ringing in the ears, spots before the eyes, and many pains and aches may be real and potent, though unperceived by others in the same environment. It is safe to say that in fully fifty per cent of all the patients who visit a doctor in general practice—and in a much greater proportion of those who visit the consulting physician—the psychic or "nervous" element is quite as important as that which we ordinarily call the physical.

Neurasthenia

Every practising doctor knows the patient who, when asked: "What do you complain of?" gives some such vague answer as this "I just feel run down," or "I feel dead beat." When pressed for details, such patients enumerate a variety of symptoms and sensations, mostly, when analyzed, found to be essentially mental. Everything seems a trouble, they have no initiative, and the things they do appear to them purposeless and, consequently, are apt to be ill-done. They display little vivacity, and always feel more or less tired. Side by side with these obviously mental states, may be physiological disturbances such as dyspepsia, but, when examined, even these are found to be associated with emotional "break-downs." There is, indeed, a growing feeling in the medical profession that emotional aberrations are often in large measure contributory to even such physical lesions as gastric ulcer and to diseases specifically related to various germs. We know that emotional disturbances play a direct part in the causation of certain forms of diabetes and, probably, in the causation of many other organic disorders associated with functional failure in one or other of the endocrine glands.

EFFECTS OF TEDDIUM

It is not easy to recognize the beginnings of emotional disorder ; for, even in a state of perfect mental health, certain normal emotional states can hardly be described as pleasurable. For example, a certain measure of fear, of anxiety, and of anger is an almost necessary part of the psychic life of a healthy human being. The danger begins when any of these " natural " emotional states persists beyond its reasonable occasion—constituting a kind of obsessive condition, a feeling we cannot shake off. In such circumstances, some people display irritation nearly all day long, no matter what their surroundings , or they experience such persistent anxiety that they can neither enjoy their meals nor obtain the refreshment which only peaceful sleep can give. The causes of these breakdowns, these states of emotional exhaustion, are as various as are their manifestations. In one form or another, all represent a disharmony between the individual and his environment. The abnormality may be in the individual or in the circumstances ; for there exist environmental conditions to which practically no human being can adapt himself satisfactorily. For example, tens of thousands of people are compelled by economic necessity to spend nearly all their time, and all their energy, in monotonous, uninteresting work, having no relation to any human instinctive need, or impulse. Here, probably, we have the most fertile cause of emotional breakdown to-day.

On the day on which I am writing this paragraph, a young working girl came into my consulting-room complaining of some trivial skin rash. I dealt with that , but it was obvious to me that her real trouble lay much deeper. I asked her if there was anything else wrong with her. After a moment's hesitation, she blurted out " I'm so low-spirited , I don't seem to enjoy being alive "

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I found that her occupation was that of bottle-washer, and I glanced at her record card to see where she lived. Her home was in one of the slummiest streets in the industrial city in which I practise medicine. She looked pale and sort of worn out. I asked her if there was any particular trouble. "No." She had no domestic resentments, no personal unpleasantnesses at the brewery at which she worked. There was nothing much for a Freudian fanatic to work on. I said: "Don't you think that it's the awful monotony of your life—doing the same thing every day, starting at such-and-such an hour, finishing at such-and-such an hour, then going home along exactly the same roads, to exactly the same room and meeting exactly the same people that you've met for the last ten years—eating almost exactly the same foods, hearing the same sort of things said, and saying the same sort of things yourself to the same people? Don't you think that's what's the matter with you?" Tears of appreciation came into her eyes—appreciation of being understood, of the reality of her trouble being understood. "Yes, that's what it is."

I won't enlarge on that particular instance. It is typical of circumstances, diagnoses and conversations that come my way very many times every month. If we meant to keep working people happy, mentally healthy, yet contented, to be just hewers of wood and drawers of water—mechanical forces without right of initiative—we had no right to educate them. We should have prevented them from having access to the wireless, to the films, to the newspapers. Publishers should have been compelled to publish no book at a price within their reach. But we have not observed those conditions, and it is too late to go back on our acts.

Inescapable monotony is one of the most health and happiness destroying things in the world. Unless a way can be

THE SQUARE PEG

found of getting rid of the monotony accompanying or resulting from the mechanized industry of to-day, we shall have no social stability—and we ought to have none.

The condition which doctors call “industrial fatigue” is much commoner than most people suspect. But it is not only industrial circumstances that may be wrong in an environment. Domestic and social misfittings are almost equally potent destroyers of happiness, health, and hope. Often, domestic ties are of such a nature as not only to afford no satisfaction to affectional needs, or to the instinctive desire for recognition and respect but, in addition, to bar out all other means of satisfying these wholesome and healthy demands of our nature.

On the other hand, our surroundings, domestic, social, and economic, may be nothing out of the usual, may be such as the majority of our neighbours find satisfactory enough. And still we may be altogether out of harmony with the world about us. The unusualness may be in ourselves, so that things which agree very well with others disagree with us. A square peg does not fit comfortably into the smoothest of round holes. Even at birth, our mental and emotional outfits differ from individual to individual; we are born with idiosyncratic trends or tendencies, many of which, unless carefully guided and diverted—that is, educated—in accordance with the traditional experience of our race will, when we reach maturity or even earlier, show themselves as more appropriate to the primitive world, which existed when these trends first became established in our ancestors, than to the civilized and “humanized” world in which we live to-day. Having created a world so far removed from that which Nature started us off with, we cannot safely trust to the untrained impulses with which Nature outfitted us. If these are

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left untrained, or are badly trained, conflict with our environment, and subsequent emotional troubles are almost inevitable

Neurasthenia is a form of emotional disorder in the successful treatment of which the conscious and intelligent co-operation of the patient is essential to cure. In the treatment of a broken leg, or of an appendix abscess, the surgeon needs little beyond passive or negative co-operation on the patient's part. So it is with most of the febrile and other organic diseases with which the physician is concerned. When we come to neurasthenia and the allied neurotic conditions, however, the problem and the situations are very different. Not only must the physician find out the nature of the mental and nervous difficulty, as well as its history and causation, but, having done so, he must usually get the truth into the patient's head as well, and enlist the help of his intelligence and his will.

Like many another medical term, the word neurasthenia has been very loosely used to cover a variety of states of mind and nerves, having fundamentally but little in common. The chief and characteristic mark of true neurasthenia is an abnormal sensation of fatigue or tiredness. We are all of us tired after prolonged effort, mental or physical. But, in the ordinary way, this tiredness is only partial, that is to say, we feel we have no energy for continuing to do the thing that we have been doing, and the feeling passes off after a change of occupation or a short spell of rest. But the neurasthenic wakes up more tired than when he went to bed. And practically everything that he sets himself consciously to do, or that is set him to do, from reading a book to carrying coals, genuinely makes him feel utterly tired and powerless before he has started on the job—or, at any rate, a minute or two after the starting.

FATIGUABILITY

It is not common to find depression without fatigue, though fatigue without depression is common enough. Utter tiredness, indeed, may be an entirely pleasant condition, assuming that more mental or physical effort is not immediately called for. It is also common enough as a sequel to various physical illnesses, and, in some people, it accompanies climatic changes. In all these instances, the excessive fatigue is temporary and soon passes away, with or without treatment. Most of us, however, know people who, to quote from the description given by a well-known psychiatrist, "suffer for indefinite periods from a fatiguability which makes it difficult or impossible for them to carry out their daily work, which is definitely abnormal when judged by their own past histories and the general average, and which does not arise from any really discoverable cause. Such persons drag out a weary existence with each day a makeshift, bounded by an egg-flip at its beginning and sanatogen at its close." Those people are on the verge of, if indeed, they are not already suffering from, neurasthenia! A more serious mental or emotional disorder for which neurasthenia is sometimes mistaken, is the tragic ailment known as melancholia. Here, both extreme fatigue and extreme emotional depression are present, and very great precautions need to be taken if grave consequences are to be avoided. In neurasthenia proper, there is comparatively little depression of spirits, no matter how great the loss of enthusiasm, or how speedily a feeling of fatigue arises when any mental or physical effort is made; this depression is absent. The neurasthenic person is usually quite anxious to do things, but, mainly owing to his lack of interest, believes that he has not the power. It is characteristic of this disorder that a neurasthenic patient can easily be got to give his eager attention for a short time to subjects or events which,

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normally, would interest or excite him. No effort will produce such reaction in the melancholic.

The neurasthenic is not a shammer ; he quite honestly feels that the task he would truly like to perform is for him an impossibility. In fact, the trouble generally is that he simply cannot take any interest in it and, without some degree of interest, deliberate action is almost impossible. It is, indeed, provocative of the worst feelings of a household to observe one of their number, so afflicted with pathological inertia that he seems too weak to answer a question, suddenly waxing eloquent, demonstrative and seemingly tireless as he enthusiastically tells the story of his ailments to the doctor or other patient auditor. His spirits may rise during such a narration to the heights of joyous fanaticism.

It is frequently thought that the neurasthenic, like the ordinary neurotic, is an individual with nothing physically wrong. This is by no means necessarily correct. Probably fifty per cent of these patients have definite organic trouble, calling for medical or surgical help. Indeed, the sudden mental and nervous improvement that follows the remedying of such a condition as septic tonsils, pyorrhœa, or habitual constipation is often remarkable. But, generally, there is a good deal of mental cleaning up to be done, quite apart from the treatment of obvious physical lesions.

The victim needs to be convinced that his trouble is a temporary one, that it is a matter of maladjustment only, that it is entirely remediable and, not least important, that it is worth his while to remedy it. Often these subjects feel a sense of social inferiority or injured pride, whilst contact with other people is avoided, because, to their hypersensitive and morbidly self-conscious minds, every comparison with a healthy neighbour but emphasizes their own imagined

CAUSATION

failure. The patient has to convince himself, or be convinced, that, with a little patience and by the exercise of such effort as is well within his power to exercise, he can attain to a position in the world of action which will satisfy his reasonable pride. Considerable philosophy is called for, and the essential limitations of all humanity and those of the individual, have to be recognized. That each of us is what he is, and that he is what God thought fit to make him, are truths which, although obvious to the point of banality, need to be frequently recalled. Foolish and mistakenly over-sympathetic or mistakenly contemptuous friends and relatives are an even greater hindrance to the cure of a neurasthenic than are the inherent difficulties presented by his own mental state. That is why even grave examples of this disorder recover much more quickly in hospitals than they do in ordinary life.

As to the causation of neurasthenia, many theories, fantastic and other, have been advanced. There seems no reason for asserting that it is invariably preceded by any one cause or set of conditions. Great and sudden emotional shock, such as frequently must have happened during the war, is one prolific cause. In other instances, it appears that prolonged inhibition of one or other of the great primal impulses—self-assertion, sex and so on—through external constraint or conflicting internal impulse, is the chief causative factor. Domestic tyranny—whether by parents, husband, or wife—when it does not evoke effective mutiny, is another and not infrequent precursor. Then, again, there is, as has been already hinted, a whole group of cases in which exhausting illnesses, such as some of the fevers and toxæmias, figure as the main cause.

If the victim of neurasthenia is to recover his normality, he must be put in the position of being able to help himself

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There is no question of malingering ; he genuinely is convinced that he has neither strength nor capacity. In recent years, this feeling of inability to deal with circumstance is, owing to industrial disruption and consequent widespread unemployment, often neither unreasonable nor to be overcome by reason. The circumstances may be, and often are, such as to present insuperable difficulties to the most willing as well as to the most competent. Men who have been regularly employed, giving thorough satisfaction all the time, for twenty or more years, suddenly, owing to some industrial rationalization scheme and a closing-down of works, have found themselves unemployed and unable, in spite of persistent efforts, to get another job. Only the complacent or the highly philosophic can stand up to such a situation and come out of it scatheless.

But there is, among the neurasthenics, a large number of young men and women belonging to a class somewhat better placed than that of weekly wage-earners, who owe their feeling of impotence, incapacity and personal unimportance partly to their own psychological make-up, partly to the mistaken system of education to which they have been subjected at home and at school. With them it is not extraordinary circumstances that have defeated them, but their own utter unpreparedness to meet ordinary circumstances. A very good description of such young people has been given by a doctor of wide experience in dealing with what are called minor mental disorders. "It will often emerge that the patient has had no end or aim in life. Life has been started very often as a thing in which events were going to happen. These patients have usually not wanted anything very particularly which they were going to make out of life, or at any rate they have taken no adequate steps to carry out any

ANXIETY AND OBSESSIONS

desires they may have ✓ Young men and women would like to write, or paint, or play an instrument, and will not take the trouble to learn the elements of the technique. Many have no special interests at all, and in view of their financial position should be earning their living 'They will have to get some job' They are qualified for none. And all this often, curiously enough, runs along with plenty of talent "

Anxiety may often be associated with an attempt to avert ill-luck by means of some ritual, which is often symbolic. A schoolboy, afraid he might not pass an examination, felt compelled to touch objects twice, a young woman had to add together the numbers upon omnibus and train tickets and to make the sum, if possible, form multiples of three or seven. Sometimes the patient repeats an obsessional phrase as a defence against distressing thoughts, for example, a man who had a constant fear of failure used to cry "O mother!" under his breath whenever he recalled some situation in which he had failed to shine. His mother had always been confident of his success, and he was really using the thought of her confidence to exorcise his doubts, though to him it seemed that the exclamation merely served to turn his attention in a different direction and to bring the unpleasant train of thought to a full stop. Sometimes an obsession takes the form of a phobia of such innocuous things as cabs, boots, or the sound of church bells.

These obsessive states are closely akin to anxiety neuroses, and may sometimes yield, as anxiety does, to reassurance and such free discussion of symptoms as enables the patient to see his difficulties and face them more courageously.

Unfortunately obsessional ideas are sometimes the precursors of more serious symptoms and, in spite of reassurance,

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the patient loses all insight into his condition and passes into a true insanity.

Other conditions usually described among the psychoneuroses are those known as anxiety states. These morbid anxieties may concentrate themselves on this or that circumstance in the life of the patient ; a common form being that of worry about health.

Plato is reported to have said that concentration on health is the greatest hindrance to life , and it seems pretty certain that he was talking about the sort of people who, nowadays, are always thinking in terms of calories and vitamins, who are afraid of draughts and chills, who are in a constant state of perplexity as to whether it is yet safe to put on their thinner vests or their summer clothing, who worry as to whether it would be wiser to cover themselves with two, three or four blankets—in other words, those who take a narrow “ faddist ” view of health

Probably most of us have a truer idea of merely physical health than we have of what may be called personality health ; that is, active and harmonious functioning of mind and body, considered as two aspects of one entity. Nearly all of us are inclined too definitely to separate the several aspects and functionings of man and his relationships with his environment. There is not that distinction between health and sanity and virtue and beauty which is all too commonly assumed. The individual whose relations with his fellows are devoid of sympathy, consideration and tenderness is as fundamentally unhealthy as another whose internal organs are at discord. It would be a tedious world in which all were alike , but even pronounced expressions of divergent individuality are not necessarily incompatible with one another, and a sane and healthy man will respect and tolerate the very

OVER-CARE OF THE HEALTH

different individualities of others. Grouching, brooding, sulking, persistent self-pity ; these are as definite manifestations of ill-health as are any of those symptoms which send us to the doctor. The man who is eternally talking or thinking about his liver, his heart, or his kidneys ; of what he may eat and what he must avoid, weighing out his carbo-hydrates and his proteins—formally satisfying the statutory requirements of the hygiene text-book, is not a man who can be said to “enjoy” good health. No more can he whose gaze is constantly directed towards his own soul, his own mind, his own perplexities, and his own peculiar place in the world. It is a mark of health and of a happy temperament readily to be interested in all the circumstances of the world about us. It should be a spontaneous and effortless reaction to concentrate the whole attention on the matter before us, to the temporary exclusion of all things else, except in so far as they are illuminated by the phenomenon or episode of the moment. As cannot too often be repeated, neither great intellect nor huge muscles are essential to perfect health. It is a question of harmony within ourselves, harmony between ourselves and our fellows, and harmony between ourselves and the universe which environs us.

We are none of us going to live on this earth for more than a very limited number of years. Put it at the highest, hardly one of us will live a hundred years, counting from the moment of his birth. That is a mere fleabite out of eternity. If we have any sense of values, health clearly must imply for us something more than skill in prolonging earthly existence by some trivial fractional addition. Admittedly, it is a good thing to avoid, or even to postpone, the onset of disease and physical decadence ; but “safety first” is not the last word in human prudence. It is not the man who writes the longest

THE NEUROSES

book or paints the largest picture who necessarily produces the finest or most satisfactory work of art. So it is with health and life. Surely, it is better to "enjoy" vigorous health for thirty years than to linger on, a chronic invalid, for fifty. Probably, though it is not certain, that our average of real health, as well as of longevity, is higher to-day than it has ever been. Of course, when most people died before forty, there was a bigger proportion of young people in the population than there is to-day, and young people manifest health in ways not altogether like those which indicate health in their seniors. But the manifest difference is very much greater than it need be or should be. Though we have travelled a long way from the reign of Queen Victoria, and though the conventions and habits of the middle-aged nowadays approximate more closely than ever before to those of the young, they might with advantage come closer together still. As we get older, most of us tend to lose our youthful enthusiasms, our spirit of abandon. Routine work, duties, and responsibilities accumulate round us, and we find it hard to cast them aside even for a day. True health and unconscious harmony become more difficult for us. Even our holidays are apt to degenerate into a mere physical detachment from our office or our workshop, or from our customary dwelling-places. The insecurity that attaches to our economic system accounts for much chronic anxiety in this country to-day, even though security against actual want has never been so generally provided. But, unfortunately, it is not insecurity as to the primary necessities of existence that gives rise to most of our worries, nowadays; it is the uncertainty of our social status, the constant fear lest we, and those who look to us to maintain their position in the social world, may suddenly find ourselves dropped on to a lower

MAINTAINING OUR ECONOMIC STATUS

level, with all the humiliations resulting from this. Few of us derive a great deal of pleasure from the so-called luxuries attaching to our economic position, but those luxuries are a symbol, and their possession fills us with pride and our neighbours either with respect or envy. Indeed, it is the worship of false ideals that is responsible for the greater part of the anxiety and "nervous break-downs" that are such a feature of present-day illness.

XII

THE PSYCHOSES

BEFORE discussing the forms of mental illness classed as insanity it is useful to consider, not their causation, of which we know little, but those factors which influence their development and help to determine the course they run. Nowadays it is generally held that the psychoses cannot be sternly differentiated as, say, pneumonia can be differentiated from diabetes, but are merely symptom-complexes representing the way in which a particular patient's adjustment to life has broken down, the form which this breakdown takes will depend to some extent on the normal character and temperament of the patient. So that psychiatrists no longer speak (except for convenience) of definite disease entities, but say instead that a patient shows a reaction of some kind—for example, a "paranoid reaction," that is to say, they no longer imply, by attaching a label to an illness, that it will run a certain course and have an inevitable termination of one sort or another, which is as well, because mental illness, more perhaps than any other kind, likes to play the game of cheat the prophet.

This reticence about terminology does not, of course, apply to the few types of mental illness due to infection, such as general paralysis of the insane, in which the infecting organism picks out a particular site of attack and consequently produces a similar mental picture in all affected patients. It

INHERITANCE OF INSANITY

applies only to those types of mental illness sometimes called intrinsic, or psychogenic, or constitutional, because the origins of the breakdown are supposed to be as much a part of the patient as short sight or large ears may be—something unequal in his make-up.

Are they entirely intrinsic? How much does mental breakdown depend on the inherited equipment of the patient and the use he makes of it, and how much upon the experiences he is called upon to meet?

Inheritance

We still know too little about inheritance of mental disorders to be dogmatic. It is extremely common to find a history of mental instability in the forbears of mental patients; but then any man is lucky who can review his family without recalling an eccentric grandfather or a nervous aunt or so. Dr. D K Henderson and Dr R D Gillespie draw the following conclusions about the inheritance of mental illness:

- (1) "The quantitative difference between the inherited taint in the psychotic and the mentally normal is surprisingly low" That is to say, the number of abnormal members in the family of a mental patient can usually be matched in the family of any normal person. So that there is no special need to fear insanity because one has peculiar relations.
- (2) "There is, however, a considerably greater direct inheritance of actual mental disorder among the psychotic." This is based on the examination of large numbers of psychotic and normal persons, among those in the normal group it was found that only thirty-three per cent had parents who were in some way abnormal; while, of

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those in the psychotic group, between fifty and seventy per cent were the children of abnormal parents.

- (3) "Certain families show an abnormally high incidence of mental disorder. Mother-daughter transmission is more common than any other Disorders of the manic-depressive type especially have a familial incidence" But although this is so, the old idea that the family in which mental disease occurs will inevitably degenerate is not fully justified by experience A bad family history is one in which the mentally unstable members are close relatives of the patient under investigation, and where the course of mental illness in such relatives has been unfavourable Occasionally insanity can be "bred out" of a family by mating with sounder stocks A bad stock is not necessarily one in which there is a family history of psychoneuroses and insanity, but rather one in which, as Mott put it, there are found "a large number of members exhibiting various forms of degeneracy besides insanity, e g, feeble-mindedness, epilepsy, criminality, pauperism, inebriety."

Intoxications

"Inebriety" has itself sometimes been accused of causing mental disease, and there are certainly types of mental disturbance directly due to alcohol, which will be discussed later. Among the constitutional psychoses, however, alcoholism is far more commonly a symptom or herald of disorder than a cause. The unstable person is not only more likely than others to take refuge in the virtues of alcohol, but is affected by much smaller doses

Drug addiction, like alcoholism, is often a symptom of an unstable personality, the patient needs to find a defence against

PREDISPOSING CAUSES

life and seeks it in drugs. This means that cure of a true addict is rare, unless the underlying difficulties which induced the patient to seek refuge in drugs can be faced or removed. True insanity is not a common result of drug addiction alone, the patient deteriorates morally, and any psychological instability increases, so that the use of the drug may contribute to the onset of a psychosis. Cocaine and morphine addiction are described more fully later in this section.

Infections

Syphilis is responsible for general paralysis of the insane, and for some other types of mental illness which are less well defined. It also hastens the onset of senile changes in some patients.

Mental disturbance is common in the course of any acute feverish infection and is accepted by everyone under the respectable name of delirium. For some reason, no stigma attaches to delirium in the course of, say, pneumonia, though it is as much a form of mental disorder as an attack of mania occurring as the result of a shock.

At various times chronic infections of teeth, tonsils, antrums, gall, bladder, large intestine and the genito-urinary system have been blamed for mental illness, and recoveries have been attributed to the removal of the focus of infection. Common sense is enough to suggest that if an insane person has a definite focus of sepsis he will be better without it, as anyone else would, but general experience has shown no wholesale recovery of psychotics as the result of such local treatment.

Exhaustion

* Overwork is nearly always a *sign* of mental ill-health, not a *cause* of it. People who are mentally healthy are no more

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likely to overwork than any other well-adjusted animal. 'The anxious person overworks to mollify the feeling of guilt which is always afflicting him ; when he breaks down he is then able to quote overwork as a cause, though of course he is unaware that he is making use of this subterfuge.

Age and Sex

Mental illness occurs most commonly in males between the ages of thirty and forty, and in females between the ages of twenty-five and thirty-five. Apart from this, mental breakdown may occur at adolescence, the climacteric and in old age. Alcoholic and syphilitic psychoses are commoner in men than women, whereas women, of course, have a monopoly of the psychoses connected with childbirth. On the whole the incidence of mental disorder among men and women is about equal.

Mental Factors

The constitutional make-up of a person cannot fail to influence his mental health. The qualities he inherits will determine to some extent the way in which he reacts to the demands and problems of his environment, often he does not choose the best ways of meeting these demands, and his efforts to fit himself, round peg that he is, into the unyielding square hole of civilization, may put a strain upon him. A man may bear that strain successfully for many years—as long, perhaps as the conditions remain undisturbed ; and then, often in response to some drastic change in his environment—financial loss, the death of friends, or the demands of modern warfare—his makeshift adjustment to life breaks down, and he develops a mental illness. Others, more unstable to begin with, may break down in response to milder disappointments and

INTROVERTS AND EXTRAVERTS

women. For some, the normal physiological epochs prove too great a burden, and it is not uncommon to find mental breakdown occurring at adolescence, during pregnancy, at the menstrual periods or at the climacteric. The least stable of all will break down in the absence of any exciting factor

Attempts have been made, from time to time, to fit mankind into easily recognizable categories, so that if they show signs of mental breakdown the doctors can have a rough idea of the lines the illness is about to take

Jung bases his classification on psychological characteristics : he divides men and women into two wide groups, the introverts and the extraverts

Introverts are taciturn, impenetrable and shy. They are typically the thinkers rather than the men of action. They are likely to be awkward in their relationships with their fellows, and are fond of saying they have no parlour tricks, but they often make a good audience for those who have. Their attention is chiefly directed inwards, however, upon themselves, and they are liable to take refuge in phantasy when life proves hard.

The extraverts are the reverse. Their attention is directed outwards, they are active, sociable, outspoken and easily accessible. If they have any parlour tricks they like to show them off, and they would rather do a thing at once than stop and consider whether it was worth doing

These two types of character have been noticed before and labelled. Nietzsche called them the Apollonians and the Dionysians, Blake the devouring and the prolific, James the tough and tender minded. Kretschmer found physical types which could be roughly correlated with these mental types and called them the pyknic and the schizoid.

THE PSYCHOSES

The pyknics are stocky or plump with an extraverted disposition, and a leaning towards mood-swings which appear as manic-depressive insanity if their mental health breaks down

Schizoids are long and introverted, and fall into three subdivisions :

- (a) The athletics, who are muscular, long-boned and hairy
- (b) The asthenics who are willowy and slender, with little resistance to infections
- (c) The dysplastics, who tend to be fat, and probably have some endocrine disturbance, possible of the pituitary gland.

Anyone reading through such classifications as those just given immediately finds that he has points (usually good points) belonging to both types. He feels, for example, that he is a man of action, but a bit of a thinker too, and though he is sociable and well-liked, he certainly does not wear his heart upon his sleeve, but is really profoundly reserved. In fact it is very difficult to pack mankind into neat parcels and attach a label, though it has been a favourite pastime with the doctors since the days of Hippocrates. The most that can be said of any one of us is that he inclines to the pyknic, say, in build, or that he is more of an extravert than an introvert. But in mental illness vague temperamental characteristics may become accentuated, in mania one sees extraversion carried to extremes, in schizophrenia the patient devotes himself to himself in a triumph of introversion, so that these classifications have a use in indicating those mental tendencies which may be exaggerated in illness.

The Mentally Sick and the Mentally Sound

Few of us have adapted ourselves so well to our environment that we can claim that shadowy attribute, a normal mind. The minds of most of us are home-made and bungled at that, our mental mechanisms, ingeniously complicated and tied up with bits of fraying string, might have been designed by Heath Robinson. Who are we, then to think the worse of our neighbour when a string breaks or a screw gets loose? We have only to imagine ourselves a little more like ourselves than usual to see something very eccentric indeed. Yet the attitude of the sane to the mentally sick still partakes of the ancient pagan dread of madness as a thing set apart, the work of evil spirits.

Insanity is an illness like other illnesses, and though there may be some justification for Samuel Butler's view that all disease is reprehensible, there is no just ground for holding mental illness to be more reprehensible than most. Those who do not encounter the mentally sick find it difficult to realize how likeable they usually remain during their illness—often much more likeable than they would be with a bad attack of rheumatism or a cold in the head—or how an agreeable and generous disposition may be evident through the preoccupation and regressions of a psychosis. I once heard a visitor remark, after observing her relative's popularity with the nursing staff.

"Auntie's much more of a success in here than she ever was outside, poor dear"

Manic-Depressive Disorders

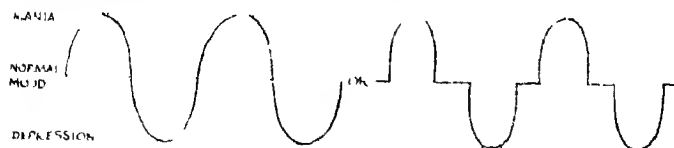
In disturbances of the manic-depressive type, a single mood, either of pleasure or displeasure, persists, and all thoughts and

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actions in keeping with it are given free rein. The physique and temperament of those who break down in this manner are said to be well-defined, they are usually of the stocky build which Kretschmer called *pyknic*, in distinction from the long-bodied thin *asthenic* type. Intellectually they are well endowed, and in mood they normally swing from elation to discouragement a little too easily. They are ready talkers, interested in their surroundings, with their observation turned outward upon their neighbours—the extraverts of Jung.

There is usually a strong hereditary predisposition to this type of mental illness, and about seventy per cent of the patients are women. The onset of an attack may be provoked by some sudden emotional disturbance, by the stress of one of the physiological epochs of life—adolescence or the menopause—or by some illness or other physical strain such as childbearing.

Mania and depression are two sides of the same penny, and the patient's mood alternates between them. In the classical examples, the mood varies between excitement and depression sometimes with a normal phase in between, the rhythm being represented diagrammatically in this way.



In many patients, however, one of the two moods predominates, and the alternating phase may be so fleeting as to be almost unrecognizable. Attacks may occur frequently, or may be separated by intervals of years, or only one attack may occur in a lifetime.

REACTIVE DEPRESSION

Depression

A state of apathy and inertia, much like neurasthenia,¹ is automatically adopted by the mind as a kind of protective reaction against reality, following on the harsh blow of fortune whatever it may be. Individuals so possessed are, in a very real sense, no longer themselves.

Such mental depression has many causes :

“ In sooth I know not why I am so sad.
It wearies me ; you say it wearies you ,
But how I caught it, found it or came by it,
What stuff ’tis made of, whereof it is born,
I am to learn ,
And such a want-wit sadness makes of me
That I have much ado to know myself ”

We speak of “ being a bit under the weather,” and it is true enough that atmospheric and climatic conditions do bear upon our slighter moods, and often seemingly determine them. But, more commonly, serious depression arises from mental or physical happenings more personal, more individual. One of the most frequent causes is a blow to our sense of personal importance—to our wholesome pride. Essentially, depression is a loss of confidence, of faith, and of hope. We no longer look forward, or, if we do so, we do it with fear and trembling. When suffering from this paralyzing disorder, men and women commit suicide rather than face the future. The victim of depression no longer has confidence in his capacity to master even the quite ordinary problems with which he will inevitably be confronted. All the eagerness goes out of him. He anticipates failure and defeat, and is morbidly conscious of his impotence. If he is,

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normally a man of intellect and imagination, he is likely to be obsessed by the notion that all things are futile, that all is vanity and vexation. Here is a picture, given by a great writer, who had much personal experience of severe depression. "Were I to go mad at this moment," he wrote, "I believe that my madness would take the form of sitting with an amazed look always in my eyes, my mouth open, my hands between my knees and without ever laughing, weeping or moving from the place in which I might happen to be, unless I were forced to do so. I have no longer the strength to conceive any desire, even the desire for death—not because I fear it on any account, but because I can see no difference between death and this life, where I have nothing left to console me, not even grief." Not often does reactive depression take such extreme forms or find in its victims so vivid a portrayer, yet it is men of intellect and imagination, rather than the obtuse and the easy-going, who are most apt to suffer from it. The patient may be perfectly aware that his mood is out of proportion to the event—that is to say, he has insight into his case—or he may be more severely affected, in which case he may have delusional ideas which he gives as the cause of his sorrow. In other cases there may be no provoking cause—the illness appears to descend on the patient out of a clear sky. In yet a third group the depression may arise, partly at least, on account of some wish, possibly for the death or removal of some other person, which has affected the patient with such a sense of guilt that he has repressed it. The sense of guilt, however, may become dissociated from the wish and may affect the patient with a conscious feeling of unworthiness which induces in him a state of depression.

It is normal to respond to any severe calamity by a mood of depression. Sometimes this mood persists longer than the

SEVERE DEPRESSION

patient or his friends think reasonable ; this is called a " reactive depression " because the patient is reacting to some event.

The patient in a state of simple reactive depression may complain of vague headaches, indigestion, irritability, difficulty in focussing the eyes, or half-a-dozen other mild neurotic symptoms before he mentions depression ; or, indeed, he may not agree that he is depressed at all, though he will usually admit that his thoughts are formed more slowly than usual and that he finds it difficult to concentrate—that is, his mental processes are retarded

These patients usually recover of their own accord after a few months, and seldom need treatment in hospital. Yet it is worth repeating that patients with even this mild degree of depression may sometimes commit suicide, and this should be kept in mind by their friends

The patient with more pronounced melancholia presents a characteristic picture. He sits drooping in a corner in an attitude of supreme dejection. His shoulders are hunched up, his arms pressed to his sides, his hands lie in his lap, his brow is creased, his mouth droops. In conversation he expresses a dissatisfaction with himself and his lot out of all proportion to the circumstances. If this is pointed out, he pays no heed. He continues to speak of the debased state of his own physical mental and moral qualities

He may be deeply deluded, believing he has lost all his money, that he is forsaken of God, that he has wronged those he loves, or that he has some terrible disease, and is poisoning the whole world merely by living in it. Small wonder if he attempts to rid his friends and himself of his wretched presence. With every depressed patient there is this real and persistent danger of suicide, friends and relations often find

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this hard to believe and will assure the doctor and nurses that the high principles of the patient would make such an action impossible. The fact remains that depressed patients frequently harbour suicidal thoughts, and they need constant and careful supervision to protect them from themselves—and protection has a real value, because most of these patients are going to recover.

During the acute phase of the illness, thought is retarded, and the patient finds it difficult to reply quickly to a question or to follow out an argument. His memory and his understanding of his situation are normal except for his delusions of unworthiness, but he may be so much wrapped up in his grief, like the Mock Turtle, that he has little attention to spend on anything else, through lack of interest he may lose track of the day and the date, and so appear more out of touch with reality than, in fact, he is.

His physical condition is in keeping with his mental state. His appetite is poor, he is emaciated and loses weight. He may be agitated, in which case he will be restless, constantly walking to and fro or weaving from side to side in his chair, he performs continual restless movements with his fingers or wrists, but no wide sweeping movements of despair involving the shoulder joints. Or he may be stuporose, sitting mutely in a corner in the bowed attitude characteristic of depression.

The course of the illness varies. Nearly all patients recover from the first attack, signs of improvement usually appearing after about six or seven months; and the patient's dreams herald the change by adopting a more cheerful colour. It may be a year or two, however, or even longer, before he is fit to take up the responsibilities of ordinary life again. Sometimes relapse may occur after a period of years. A few cases will become chronic, and an improvement in physical

GRANDIOSE STATES

health without corresponding mental improvement, and with the development of auditory hallucinations, suggests that this unfavourable result may be expected. But some patients have recovered even after many years.

Melancholia occurring in an old person has not a good outlook, and may go on to the gradual deterioration of the mind which constitutes dementia.

Mania

The maniac is the person who believes that all his desires are granted, and he is in a state of elation and well-being in consequence. An attack of mania, like an attack of depression may appear out of a clear sky, or it may, in a predisposed person, be the result of a sudden shock. Psychologically, the acute phase of mania may possibly be considered as a condition of wish-fulfilment, the patient compensating for the disaster which has disturbed him by entering an illusory world where his powers are unlimited, and all his troubles at an end. He is gay and talkative, one thought suggesting another in a characteristic "flight of ideas," so that the final subject of a long harangue may be removed by a word from the topic with which he started. Often his manner is exuberant and friendly and his gaiety infectious, so that his visitors come away smiling broadly, but his mood is unstable, and if annoyed he may become angry and violent all in a moment, he also has less control over the primary instincts than the normal person, so that his behaviour may be indecent and objectionable at times. Flattery will often bring him into a more co-operative mood, but he resents criticism strongly.

His delusions are all highly gratifying to his self-esteem. He is the most marvellous singer, the best poet, the finest statesman the world has ever seen, or he is extremely

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wealthy, handsome and nobly born. He is, in fact, on top of his form, in that agreeable state of confidence which visits normal men rarely. He may decorate himself with odds and ends to express his self-satisfaction, and he may change his delusions every minute as some new thought carries him away or some new incident distracts him. Hallucinations may occur but they are not often important

Memory for events in the past is not disturbed by the illness. All the senses are more acute than usual, he sees and hears with embarrassing keenness, as his nurses know. His skin sensations are also accentuated, and he will often tear off his clothes in an attempt to rid himself of discomfort. His sleep is poor and broken and he often becomes emaciated and exhausted from his constant activity

Recovery occurs after a period of weeks or months in nearly all cases. The gay distortion of life, as the patient sees it, gradually gives way to the humdrum, he floats down from the mountain tops to the ordinary level. Recurrent attacks are likely to occur in those who are predisposed to the illness, but they may be separated by many years. In some cases the acute attack passes into a chronic condition, which is usually milder, but with acute incidents. In chronic mania the intellectual capacity of the patient gradually becomes impaired, and he may become irritable and exacting as well as remaining untidy and slovenly in his habits. It is curious, however, to find how likeable the chronic maniac may be in spite of his deterioration

Schizophrenia

Kræpelin, to whom we owe much of the modern classification of mental disease, first gave the name dementia præcox to a form of insanity affecting young people and leading

FRAGMENTATION OF PERSONALITY

as a rule, to a progressive mental deterioration. The name is unsatisfactory, however, because it implies a gloomy termination which does not always follow ; moreover, the illness is not confined to young people, though it is commoner among them - it sometimes occurs in the middle-aged.

Nowadays it is customary to speak, instead, of schizophrenia, or a schizoid reaction, meaning a fragmentation of the personality as the result of mental illness

In no other psychosis, except perhaps the paranoid reaction, does the development of symptoms seem to be such a continuous process as in schizophrenia. When the patient's life history is reviewed, it almost looks as though he had been preparing himself from infancy for a career as a schizophrenic.

"He was always a solitary boy. He never made friends. He always took too much notice of what other people thought of him—he was too sensitive. He was never one to tell you much what he was thinking, he used to day-dream a lot." These are the phrases which crop up again and again in the history of schizophrenic patients.

They are people who have always been withdrawn, concerned with their own affairs and disinclined to battle with reality. Phantasy is their refuge, in which they can discount their deficiencies and appear to themselves as successful people. Often these patients are good pupils in their childhood, and some are promising students before their illness overtakes them. They are typical introverts, looking inward upon themselves. Heredity again plays an important part in the development of the illness. But whatever the provoking cause—whether the patient takes refuge more and more in phantasy until reality seems less substantial than his dreams, or whether some disturbance in the economy of the endocrine glands influences the mental state—the develop-

THE PSYCHOSES

ment of the schizoid reaction is striking and characteristic. The patient, usually a young person or an adolescent boy or girl becomes secretive, aloof and out of touch with his relations. He develops a trick of sitting in corners and smiling to himself, apparently at some amusing thought which he is never willing to share. He takes to looking too often in the mirror, and to grimacing and picking his face. He becomes careless about his clothing and appearance. He seems to have no normal emotional feeling for those about him or for events. Sometimes he has bursts of causeless laughter, and will either refuse to reply to questions or else say "Oh, I don't know!" at random.

As the illness progresses, the splitting up of all that went to make his personality becomes more and more noticeable. He no longer takes any interest in the things that used to occupy him. He begins to adopt a listening attitude and may admit that he hears voices talking to him. Sometimes the voices are amusing, provoking bursts of laughter, sometimes they are trying to convince him of notions against which his better judgment still rebels—for example, that he is King of England or God Almighty, but he seldom acquires persistent or systematic delusions of grandeur. Very often the voices issue commands to him and so may provoke him to actions which appear impulsive and causeless. A schizoid patient so instructed may aim a well-placed water jug at his doctor or nurse, and those attending on him must be alert. One patient was an excellent croquet player, but it required fortitude to take her as a partner, for in moments of causeless and impulsive elation she was apt to throw the balls about and wave the mallet round her head.

When the schizoid patient can be persuaded to talk, his account of himself is disjointed and there appears to be no

STUPOR

coherence in the jumble of ideas assailing him : he is no longer a single, integrated person ; his mind is chaotic and morselled out among his queer delusions. His emotional state does not express any coherent mood , he is hilarious at one moment, sullen or aggressive the next. He may become stuporose, lying idle for weeks at a time with eyes closed, requiring every nursing attention and having to be fed by means of a tube. If the stupor is less deep he may be willing to walk where the nurse leads him and to sit where she places him. A patient in this state may show " waxy flexibility "—maintaining indefinitely any pose in which he is passively placed. Even though made to stand on one leg, with one hand on his head, the other in an extravagant gesture of oratory, he will support the ridiculous attitude until he is moved, or until his exhausted muscles give up the strain and resume a more ordinary pose. Patients who have been in this condition and have recovered, sometimes say that they believed they were obeying the wishes of the doctor in maintaining such positions indefinitely ; others had received injunctions from their " voices," forbidding them to move.

It is very common for the illness to progress to a state of dementia in which the patient's personality deteriorates so much that he is lost to all knowledge of his surroundings and unable to care for himself in any way. Occasionally, however, a patient recovers either temporarily or permanently, and though comparatively few have this good fortune they are sufficient in number to justify a hopeful attitude about treatment.

Many of those who might reasonably be expected to become schizophrenic from their behaviour during childhood weather the rough passage of adolescence and come to terms with reality as they mature.

THE PSYCHOSES

More varieties of treatment have been tried on schizophrenia, perhaps, than on any other form of mental illness. These patients have a stimulating effect upon the ingenuity of their medical attendants because it is difficult to look at them without feeling—quite unreasonably and wrongly of course—that they are being perverse and tiresome, and that they could shake off their preoccupation if they would. Most forms of treatment have aimed, therefore, at pricking the patient into contact with reality. That this principle is a good one is shown by the fact that during, or immediately following, an acute febrile illness these patients often become perfectly rational and abandon their phantasy life for a time. One of the most recent forms of treatment, and one which promises well, is the injection of cardiazol. Each injection induces in the patient an epileptic fit, and this appears to have the effect of rousing some of the early cases to the point of sanity, and of turning even the later cases into more co-operative members of the hospital population. The treatment is still in its initial stages in this country, though good results are reported from abroad. It will be possible to assess its value more accurately in a few years' time. One curious aspect of it is the attitude of the patient before and after the fit. Before the fit he will often struggle and make every effort to avoid the treatment, after the fit he will talk rationally about it, agree that the treatment is benefiting him greatly and admit he does not know why he struggled, or explain that he was overcome by some delusional idea, thinking the doctor wished to harm him.

The Paranoid Reaction

Another type of insanity developing over a long period of years is the paranoid reaction. People acquiring this form of

" PERSECUTION MANIA "

mental illness have always been of a suspicious, doubting nature, quick to see slights and insults and to detect unworthy impulses in those about them. Perhaps they have a conviction that they were born to do great things, and the failure of life to come up to their expectations makes them bitter and willing to see enmity about them. Or perhaps, as the Freudian school believes, their development has been arrested at the homosexual stage, and though they have succeeded in repressing a tendency of which they feel ashamed, their incomplete adjustment to life leads them to attribute immoral or abnormal behaviour to others. In any case a powerful feeling of inferiority seems to be the starting point of their difficulties, or perhaps an early sign of them.

Gradually, from being suspicious and sensitive, the paranoid person becomes obsessed by a definite belief that his neighbours have a grudge against him and are determined to do him harm. He thinks he is watched and followed. He interprets innocent actions as signs directed against himself, and every new injury which he fancies he detects is fitted in to the growing system of delusional beliefs. It may be many years before his increasing suspicions appear to his friends as abnormal. As the illness advances the conviction grows upon him that, since so much trouble is taken to offend and hurt him, he must be someone important, and he begins to entertain the idea that he is, indeed, a notable person. Usually this solution is acceptable to him, and where previously he had been suspicious, aggressive and often dangerous, he may become patronizing, lordly, and comparatively cheerful. He has transcended his difficulties and can afford to be scornful of a world that envies him.

Conduct is little disturbed at the beginning of the illness, for the patient's intelligence is as good as ever apart from his

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suspicious of those about him. He behaves with normal decorum until he reaches a stage at which he considers the injuries done him call for retaliation, when he may begin to write offensive letters, entangle himself in foolish litigation, or make a nuisance of himself in other ways. In the long run it becomes necessary to certify him as insane, for the sake of his relatives, or of those whom he is molesting ; unfortunately, having no insight into his condition, he usually regards this step as further evidence of persecution

The outlook in well developed paranoia is poor. Not more than five or six recoveries have been recorded. The older the patient grows the more closely he clings to his delusional beliefs. There are some cases, however, of paranoid states in which the delusions are circumscribed and never reach a complete system, and these may clear up

Paraphrenia

Kräpelin gave the name paraphrenia to chronic states closely akin to paranoia in which the system of delusions is reinforced by hallucinations. The onset is usually during the thirties—a little earlier than the onset of paranoia, which tends to become serious and inconvenient in the forties

As in paranoia, the patient begins to find hidden meanings in the doings of those around him, and suspects people of plotting against him. Often he sees signs and symbols in things which have nothing to do with him. His behaviour, if his beliefs were true, would be perfectly rational. He is angry and aggressive, but not more so than his imagined wrongs would justify if they were real. After a few years he develops hallucinations, usually of hearing, and sometimes of the skin or organs of the body. The voices that he hears are usually insulting, and he thinks his enemies have found a

FALSE MEMORIES

was to molest him with wireless messages. The bodily sensations may lead him to suppose that they are playing electricity upon him with intent to annoy. Naturally he is angry at such treatment.

Soon this persecution leads him to look for a cause, and to find it—in his own importance which has awakened the jealousy of others less fortunate. He develops ideas of his own grandeur and supports them with false memories which seem to him true. Life becomes more tolerable at this stage, and he grows aloof and a little contemptuous of those about him. A woman patient will often recall her marriage to some nobleman, and will sometimes feel that she is in touch with him by telepathy, so outwitting the enemies who seek to keep them apart.

The patient may remain in this state for many years, comparatively well adjusted to his life in a mental hospital, and behaving with complete social competence, though his beliefs make him unfit to undertake life outside. Eventually he may deteriorate intellectually, though some patients never progress beyond the grandiose stage. As in paranoia, recovery is extremely rare, and nearly all these cases end their days in the mental hospital.

General Paralysis of the Insane

About four per cent of persons infected with syphilis develop general paralysis of the insane. The illness usually begins about ten years after the infection, though it may appear as early as three years or as late as thirty years afterwards.

At the beginning of the illness the patient loses a little weight and begins to show signs of a change in character, especially loss of judgment. He becomes irritable, rather

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more excitable than usual, and forgets to keep his appointments. He has, however, a deceptive feeling of well-being and capacity, which may lead him to embark on elaborate and unsound business schemes, to squander money in extravagant purchases or to gamble recklessly in stocks and shares. A patient in the early stages of the disease may go far towards ruining himself and his family before his condition is recognized for what it is.

In this state, too, he often shows lack of emotional concern for his family, though he is normally a considerate and kindly person. He neglects his dress and appearance, and may begin to drink too much, or to lose normal standards of control of the sexual instinct, and may fall, as a result, into the hands of the police. His intellectual capacity is impaired, so that he will make mistakes in doing a simple sum.

He develops tremors of the hands and lower part of the face and of the tongue, and begins to slur his speech, so that the old test phrases such as "Biblical commentary" and "truly rural" are given rather in the manner of a drunken man. His writing becomes untidy and tremulous, and the wording shows confusion of thought, words are omitted or repeated.

Fits of the epileptic type may appear at any time during the course of the disease, and are followed by mental deterioration, which progresses steadily as the illness advances. In the second stage, the patient usually becomes fat and flabby. His memory is greatly impaired, and he is often drowsy and apathetic. The fits increase in frequency and advancing tremors and unsteadiness lead on to paralysis. Gradually he passes into the third stage, in which he becomes emaciated and helpless, his limbs contracted and his mind quite lost. He lies in bed aware of little, needing full nursing care, and unable even to feed himself. The fits go on and increase in number,

MALARIAL TREATMENT

and he may die during a succession of them. His mood to the end, however, is one of unshakable euphoria.

This used to be the inevitable course of the disease in patients who were luckless enough to develop general paralysis of the insane. The usual remedies for syphilis have no effect on the course of the disease. Since the introduction of treatment by malaria, however, the outlook is more favourable. The patient is given a therapeutic attack of malaria, and is allowed to have several bouts of high fever before the infection is controlled with quinine. The results of this treatment are often very striking, especially in early cases of general paralysis. It has been estimated on the results obtained since this treatment was begun that one-third of the patients recover their mental health completely, in one third the symptoms of general paralysis are arrested and show no further advance, and in one-third treatment has no effect, the illness progresses to dementia and death. If cases can be treated early enough this means that two-thirds of the patients will be able to carry on their lives with little disability, and this, of course, is an enormous gain.

Other Syphilitic Psychoses

Sometimes syphilis affects, not the actual tissues of the brain itself, but the membranes surrounding it or the vessels supplying it with blood. In these cases the symptoms differ from those of general paralysis. In the early stages the patient merely feels dull, and may complain of difficulty in thinking. He may be excited and irritable or depressed and anxious. After a time these mild symptoms give way to delirium with hallucinations, great fear, and loss of memory for recent events. The patient is confused, and disorientated for time and place. In the intervals of delirium he realizes that he is

THE PSYCHOSES

ill and maintains normal standards of decency in behaviour. Sometimes the patient has grandiose delusions and a sense of well-being similar to those found in general paralysis. Headache and dizziness are common accompaniments of this condition, and insomnia is usual, as a result of the headache.

The recovery rate depends upon the early recognition of the disease, the age of the patient and the amount of treatment given. The usual antisyphilitic remedies are capable of producing a complete cure in many cases, provided they are given early, and the patient is under forty. In patients over forty arteriosclerotic changes have set in, in the blood vessels, and this impairs the chances of recovery.

Types of Mental Illness due to Alcohol

The types of mental illness due to alcohol are : mania a potu, dipsomania, delirium tremens, Korsakow's psychosis and chronic alcoholic dementia.

Mania a potu occurs when an abnormally susceptible person takes a small quantity of alcohol. He becomes violently excited and may be homicidal, and this type of sudden insanity is sometimes offered as a defence in courts of law.

Dipsomaniacs are stricken at intervals, with a desire for alcohol in large quantities, and at these times fall into a state of acute intoxication. Between the attacks they are abstemious and often actively dislike alcohol.

Delirium tremens seldom occurs in people under thirty, it develops in hard drinkers, usually following upon some occasion when alcohol has been freely enjoyed, but an attack may also be excited by an injury or an acute illness.

Before an attack the patient sleeps badly, is restless and frightened. This stage passes on to delirium in which he has terrifying hallucinations usually of snakes, rats and other un-

MEMORY DEFECT AND CONFABULATION

attractive fauna. He may also act his daily occupation in fancy, the lorry driver imagining the wheel is in his hand, the 'bus conductor dispensing tickets. The patient's attention cannot be attracted for more than a moment or two, and he is in constant terror and anxiety. He is completely unable to sleep.

In a small number of cases death occurs during the acute phase. Other patients recover after two or three days and relapse, but eventually return to normal. In some, a chronic delusional state, or *chronia mania*, may follow the acute phase, and in others the intellect is found to be impaired upon recovery. But most patients recover quickly once sleep has been won by sedatives.

Korsakow's psychosis most commonly appears in women, and though alcoholism is the usual cause, it may also result from other forms of poisoning, such as lead poisoning, or from the toxins of the tubercle, typhoid, or malarial organisms. In the alcoholic variety, neuritis may be present, so that the calf muscles are tender when pressed; the muscles which lift up the hand at the wrist and the foot at the ankle are so weak that these movements can only be performed with difficulty or not at all, so that the patient has wrist-drop and foot-drop.

She is completely out of touch with time and place and loses her memory for recent events, though she remembers incidents of her early life well. She recognizes complete strangers as friends, and makes up for her loss of memory by confabulation, producing long accounts, opulent in detail, of events which have never occurred. Her conversation is often plausible and intelligent and her mood cheerful but touchy. She may have hallucinations of vision and hearing. On recovery she is rarely to be persuaded that her illness was due

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to alcohol. The course of the illness is usually long, the neuritis disappears first and general health is recovered more quickly than mental. Sometimes the memory never returns to normal, and often the patient is left with a fatuous, labile disposition, easily moved to tears and laughter.

Chronic alcoholic dementia occurs in those who have much opportunity for steady drinking—barmen, for example. The patient remains sociable and sympathetic to his friends, but is apt to be a less lovable person at home. He gradually deteriorates mentally, losing interest in the welfare of his family. MacCurdy says of these patients

“They are not mad enough to be regarded as dangerous, so they merely ruin the home in an undramatic way.”

In later stages the patient may be involved in sexual assaults. He is likely to be jealous of his wife, and is firmly convinced that he is a much-abused man. Lying, evasive, soft-hearted, and full of promises of reform, the chronic alcoholic is a disappointing patient to treat. The course of his illness is downhill.

Cocaine and Morphine Addiction

Those who make a habit of taking opium or morphine usually have a psychopathic disposition to start with, and to cure them of one addiction is not to cure them of liability to form another. The prolonged use of morphine leads to deterioration of character, shown by a loss of energy and ambition. The patient loses his sense of responsibility—usually, not a very strong one to begin with—and becomes untrustworthy, furtive and suspicious. His memory becomes faulty and his power of concentration fails. He is restless and irritable when the effects of the drug begin to wear off, stimulated and comforted by a fresh dose. If he is suddenly

DRUG ADDICTION

deprived of supplies he may become delirious with terrifying hallucinations and great excitement.

His physical health suffers ; he loses weight and becomes feeble and tremulous. The outlook is poor , those who give up the habit are liable to relapse or to acquire some other addiction to take its place, but successful recovery does occur in some cases

Cocaine is similar in its effects on the character, but does its harm more quickly. A dose of the drug produces giddiness and headache at first, but these symptoms are followed by a feeling of well-being, and by increased mental activity which is genuine but short-lived. Hallucinations may occur, sometimes of small, amusing people and objects—Lilliputian hallucinations. The actor may see a diminutive stage, the thief amuse himself with foolish little policemen. As the effects of the dose wear off the patient becomes dejected and cross, and experiences that sensation of insects walking on his skin which is called "cocaine bug". With progress of the habit his moral standards decline , he neglects his work and his family and may be guilty of crimes of assault and violence.

His physical health is impaired, and he is the easy prey of any illness which attacks him

Coal-Gas Poisoning

A type of psychosis still rare, but becoming commoner as the gas-oven gains popularity as a source of euthanasia, is that due to poisoning with carbon monoxide

The immediate results are headache and vomiting, and if the dose of carbon monoxide has been high these may give place to more serious symptoms, first delirium and a few days later death in coma. In milder cases the patient goes into a

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vague dreamy state in which he will say little, and appears to feel few emotions. Recovery may follow but relapse is not uncommon, and the patient may then pass into a state of apathy and bewilderment which remains chronic. Memory, in the chronic condition, becomes defective, and the patient invents episodes to fill the gaps in recollection. His ideas of time are vague and inaccurate and he becomes untidy about his person, lazy and sluggish. Once chronic symptoms have appeared the hope of recovery is poor.

Infective and Exhausting Conditions causing Mental Disorders

Sometimes mental symptoms follow on infectious illness or a severe physical strain, such as that of childbirth. Those qualities of character which contain the germs of mental disorder may be activated by such stresses. The introverted person may pass into a schizoid state, the extravert may swing over into mania or depression. On the other hand, some people do not seem to be constitutionally prone to either of these two types of mental illness, and in these the symptoms may produce an identical picture, though the infection or the exhausting condition provoking them is different in each case. The same infection, therefore, may produce different symptoms in two patients who are constitutionally different, and, conversely, identical mental symptoms may appear in patients exposed to widely different infections or physical strains.

Influenza, malaria, pneumonia, typhoid, acute rheumatism, scarlet fever and small-pox are infections capable of causing mental disorders. The symptoms produced may be delirium, stupor, or acute confusion, with hallucinations and disorientation in time and place. Delirium, passing on to confusion is the common sequence. The confused patient

CONFUSIONAL STATES

is afraid, restless, talkative, and convinced that terrible events are occurring round him. He hears voices which alarm him, and which may induce him to attempt suicide. Many of these patients complain that they feel mixed up in the head. Other patients become apathetic and stupid, with loss of memory and impaired intelligence. In children, mental growth may be arrested, sometimes permanently.

The outlook in most of these cases is hopeful. Nearly three-quarters of the patients recover completely; even patients showing a schizoid reaction have a better chance of recovery if the mental illness follows upon an infectious or exhausting condition, than if it develops in a person in normal health.

Encephalitis Lethargica

Mental changes following attacks of encephalitis lethargica have been responsible for a small number of admissions to mental hospitals during the past twenty years. The disease visited this country in an epidemic beginning in 1917, but now seems to be disappearing in the acute form, at any rate for a time. Mental symptoms occur both in the acute stage of the disease and also as a component of the chronic physical changes which so often develop when the acute signs have subsided.

In the acute stage the patient is often delirious and excited, getting out of bed and talking incessantly, especially at night. Or he may fall into a stupor from which he can be roused for a time to answer questions, this stuporose condition was responsible for the name "sleepy sickness," but many patients are unable to sleep in the acute phase, while others sleep during the day and wake at night—an inversion of sleep rhythm which was frequently seen in the early cases. These

THE PSYCHOSES

disturbances of sleep, as well as the delirium or stupor, may clear up completely and the patient may appear to have made a good recovery. But after weeks or months, chronic symptoms are apt to set in which lead to greater and greater disability.

In adults, the mental changes are often coloured by the physical condition, which consists of increasing rigidity of the voluntary muscles, so that the patient moves slowly and with difficulty and can only perform the most trivial movements by making a conscious effort to do so. There is usually no loss of comprehension, and the mental changes are frequently those of a justifiable depression or irritability at the disabling physical condition. Interest and initiative are inevitably diminished, and the patient may show a desire for attention and a preoccupation with his own state which goes beyond normal limits. He may be apathetic, or depressed even to the degree of attempting suicide. Sometimes patients are emotionally unstable, occasionally cheerful. Delusions and hallucinations are rare, and the most distressing part of the illness, from the point of view of relatives, is the perfect understanding of his fate which the patient retains.

Children are affected by sleepy sickness in a curious way. The acute attack leaves them with a change of character, usually for the worse. The normally good child becomes irresponsible, spiteful, noisy, wild, restless, meddlesome and impervious to training. He turns into a little fiend, whom no one can cope with. Often there is an arrest of mental development, so that these children usually end in colonies for mental defectives.

Mental Illness in Old Age

The ordinary changes to be expected in senility are described

MENTAL DETERIORATION

in the section on the ages of life. Simple senile deterioration occurs in those to whom increasing age brings loss of powers of comprehension, failing memory, waning attention and a dying down of all emotional responses to those about them. In the later stages these old people may become mildly hallucinated and depressed, and at last drift into dementia and pass their days in that mere oblivion which ends the seventh age of man

Sometimes senile mental changes show an acute onset with delirium. The patient is extremely restless, full of suspicion of those about him, whom he may accuse of trying to poison him, and liable to endanger himself and others by setting fire to the house, or attacking those who try to control him. Very often there are remissions in this state during which the patient is quite clear-headed. Treatment in a mental hospital is usually necessary during the acute phase, but the patient can often return to his own home in the intervals if symptoms are not too severe

Cerebral Arteriosclerosis

In old age the arteries lose their elasticity owing to the deposit of calcium in their walls, and the blood supply to the tissues is not as well maintained as it is in the young person with more flexible blood vessels. When the arteries of the brain are affected by this condition of arteriosclerosis, mental deterioration is liable to follow and closely resembles that induced by senility. Arteriosclerosis develops earlier in some families than in others, and is also said to appear sooner in those who indulge in chronic anxiety or athletic pursuits than in those who take life more placidly.

The patient complains at first of headache, dizziness or ringing in the ears. Mental changes often begin following a

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mild stroke. The patient, as he recovers from the effects of this, shows himself to be mentally slower, and to have greater difficulty with his work, than formerly. His memory is often affected; he cannot recall names as well as he used, and gradually he finds himself forgetting recent happenings. His emotions become unstable, he easily weeps and loses his temper. He is restless and sleepless and may begin to have suspicions of his friends or his wife, which sometimes lead to dangerous behaviour. He may be extremely anxious, and believe that he is about to be killed or injured in some dreadful manner. He loses interest in his person and dress and becomes slovenly and dirty in his habits. In the late stage he is helpless and bedridden, confused and lost to his surroundings. The outlook is not hopeful in the long run, but there may be periodic remissions in the symptoms when the patient is able to take up his ordinary life again, and these remissions are frequent at the beginning of the illness.

Mental Disorder following Head Injuries

If a patient receives a blow on the head and loses consciousness he is suffering from concussion. When he recovers his senses he has nearly always forgotten the events that led up to the blow, and indeed the loss of memory may cover a period of two or three hours preceding the injury. Occasionally, if the loss of consciousness is not complete, the patient may be dazed, and while in that condition may perform automatic actions which bring him into conflict with the law.

Delayed results of head injury are more subtle, but no less disconcerting for the patient and his friends. His character and disposition may change in a way which does not come within the terms of insanity by any stretch of imagination, but which makes him seem a different person to himself and

CHANGE OF CHARACTER

to others. Sometimes the difference is in stability, the steady, trustworthy person becoming unreliable and irresponsible. Sometimes a person with a friendly, open disposition becomes suspicious, tart, and prejudiced against those about him. One girl, who had received a head injury when riding pillion on a motor bicycle complained to her doctor, of her own accord, that she was terse and disagreeable

"I say terrible things to people, and they will come out, I can't hold them back," she announced in a threatening tone. "It's not very nice to be like that. You wouldn't like it"

The duration of these symptoms varies. Sometimes they pass off within a year or two, and the patient resumes normal relationships with his friends, in other cases some residue may persist, or additional signs of mental deterioration appear.

Epilepsy may develop following a head injury, and some patients—presumably those with a predisposition to mental illness—may experience attacks of mania as a sequel. Patients who have not rested sufficiently following concussion may suffer from severe and prolonged headache, dizziness, irritability and loss of sleep

Epilepsy with Mental Changes

Those who suffer from epileptic fits usually have a typical disposition which has been described as the epileptic character. The patient takes a deep interest in himself and a shallow, ingratiating interest in other people, which seems to be based on a liking for attention. He feels slighted too easily, demands considerable sympathy, and is always anxious to attract attention to himself and distract it from those about him, with whom, for some reason, he feels in competition as an object of interest. In short, he is pushing.

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However, since many of us are like that without the excuse of epilepsy, the epileptic character alone cannot be regarded a sign of mental disorder. Other changes may appear in epileptics which come nearer meriting that name. Usually at the end of a fit, the patient falls asleep, and sometimes on waking he is confused and disorientated, talking thickly and at random, or sitting silent and stuporose, unwilling to reply when addressed. In other cases the fit may be followed by a period of automatism in which the patient performs acts which he cannot afterwards recall, sometimes these acts may bring him into conflict with the law, and it is often difficult to convince a jury that they were performed unwittingly. Very occasionally the period of automatism may last for months and amount to a state of dual personality.

Sometimes the fit may be followed by an attack of acute excitement in which the patient may be dangerous to those about him or to himself. In this stage he may try deliberately to dash his head against the wall, and prove extremely persevering about it.

If fits are frequent, and especially if the patient has many attacks of petit mal—that minor form of epilepsy in which he loses consciousness for a second or two, but does not have a convulsion or fall to the ground—mental deterioration occurs gradually over a period of years, and may lead at last to dementia.

Treatment consists in giving sedatives in such large doses that the fits are prevented or considerably reduced in number. The usual drugs used are luminal, prominal, and the bromides, but though they may control the major fits, they are found to have little effect on petit mal attacks. Sometimes even heroic doses fail to control the major fits, and in that case the patient may pass into status epilepticus, a condition in which

THE ENDOCRINE SECRETIONS

one fit follows another without intermission. If these successive fits cannot be controlled, either by the injection of morphia or luminal, or by the administration of a general anæsthetic, the patient is apt to die from extreme exhaustion, and this result is especially likely if he has a defective heart. Among mentally defective children with congenital heart disease, death from a succession of epileptic fits is not uncommon

Mental Disorders Associated with Endocrine Disturbances

The endocrines are a series of glands which pour the fluids or "secretions," which they form directly into the blood stream. These glands include the pituitary, the thyroid, the parathyroids, the thymus (only present in early childhood), the pancreas, the suprarenals, the ovaries or testes, and possibly the prostate, spleen and the pineal body. The secretions of these glands have various effects on the physical and emotional state of each of us. For example, when we have to prepare to encounter a danger, the suprarenals pour out an excess of their secretion, adrenalin, into the bloodstream, and this has the effect of raising the blood pressure, dilating the pupils and putting us in the state of physical and mental alertness in which we can best meet the emergency. The secretion of the thyroid gland governs growth to some extent, and has other actions* resembling those of adrenalin. The parathyroids affect the distribution of calcium in the body, and hence have to do with the growth of bone. The pancreas in addition to a digestive secretion which passes by way of a duct into the intestine, produces insulin, the substance which controls the proper use of sugar in the blood. The purpose of the thymus is not clear. It is present at birth, but almost immediately begins to regress, and by the age of fourteen has

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usually disappeared altogether. The secretions produced by the ovary and testes are concerned with normal sexual development, and with the reproductive cycle, and the pituitary secretions also take part in this function. The pituitary has so many secretions that its purposes are only just beginning to be discovered. It seems to be the controlling gland in the series, and to influence the actions of all the others; it has been described as the conductor of the endocrine orchestra.

Deficient or excessive secretion by one gland in the series throws out the balance which normally exists between endocrine secretions in the bloodstream and affects the physical, and often the mental health of the patient.

Cretinism and Myxædema

One condition due to failure of an endocrine secretion is discussed in the section on mental defect; this is cretinism, a form of mental deficiency with dwarfing, which arises when the thyroid gland is congenitally absent or faulty.

Sometimes the thyroid, for no known reason, becomes defective in adult life, and ceases to produce its secretion. The condition then produced is not cretinism but myxædema. The patient develops a sallow, waxy complexion, with a flush over the cheekbones. The face has a swollen look, and the patient puts on weight, with characteristic pads over the collar-bones. The skin becomes dry and harsh, and the hair and eyebrows fall out. Mentally these patients are dull and torpid, showing too little emotion for normal people, and finding thought sluggish and memory impaired. They realize the change in themselves and are depressed by it. In severe cases this depression may go on to a distrust of those about them which is almost delusional, and occasionally hallucinations of sight, hearing, smell and taste occur,

DISORDERS OF THE THYROID

amounting sometimes to a confusional state. If these cases are not treated they may die, often in convulsions

The treatment, as in cretinism, consists in giving thyroid by mouth, and the recovery in myxœdema is probably the most gratifying in medicine. Once regular thyroid dosage has been established the patient recovers his normal mental state, throws off his lethargy, grows fine new dark eyebrows and abundant hair, and regains his natural figure. He is naturally extremely pleased with his doctor, and his doctor is extremely pleased with him

Exophthalmic Goitre

The opposite condition, in which the thyroid is over-active and produces too much secretion, is exophthalmic goitre or Graves' disease. Sometimes the onset of this condition is provoked by stress or shock, and it occurs most commonly between the ages of fifteen and thirty-five. The thyroid enlarges, so that the neck has a full look, which may increase until a considerable goitre is present. The eyelids of the patient retract so that his "two eyes like stars start from their spheres"; his heart beats too fast, his hands tremble, he sweats easily and loses much weight. He has the appearance of being in a state of severe alarm, and indeed, feels like that too. His mood is one of great anxiety, he is apprehensive, though he cannot say of what, and irritable though he can give no just cause for it. If the illness is untreated the patient may pass into a state of acute restlessness, with mania and death from exhaustion. Other patients become depressed and deluded.

Treatment is by rest, sedatives and removal of part of the over-active thyroid gland when the patient's condition has improved sufficiently to permit of operation.

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Gigantism and Acromegaly

The pituitary gland consists of two lobes, health is affected by either over-action or deficiency of the anterior lobe; of the influence of the posterior lobe we cannot speak so definitely.

Over-activity of the anterior lobe during childhood and youth causes excessive growth leading to the condition of gigantism. Giants are usually sexually impotent, and mentally rather simple and childish. No doubt many of the legends in which a giant is overcome by a sly little tailor or other cunning nobody are based on this gullibility of the over-grown person with a too-active pituitary gland.

If enlargement of the anterior pituitary lobe occurs after growth in height has ceased, the patient develops acromegaly. He cannot, of course, increase in stature, but his hands and feet enlarge, and he finds himself needing a larger size in hats; his jaw becomes heavier and the soft parts of his face, hands and feet become thickened. Mentally he grows apathetic, loses his initiative, finds himself forgetful and unable to concentrate. Some patients develop depression which passes on to dementia, others, in whom the illness runs a milder course, show comparatively little mental change though they grow increasingly ugly in appearance owing to the physical changes.

Frohlich's Syndrome

Under-activity of the anterior lobe of the pituitary produces quite a different picture. The symptoms usually come on during early life, and the child becomes extremely fat; the fat is laid down in the feminine distribution, that is over the hips and thighs, and in the pectoral region, so that the child, even if he is a boy, appears to have well developed breasts.

OTHER ENDOCRINE DISORDERS

The fat boy of *Pickwick* was of this type, and cases are seen fairly commonly in the course of ordinary life. Many of them are normal mentally, but some are mentally defective. Some, who are otherwise normal mentally may show an unstable emotional disposition with restlessness and gaiety, while others again may be apathetic and lethargic.

Diabetes

In diabetes, the absence of insulin in the bloodstream makes it impossible for the patient to break down sugar into a form in which it can be used by the tissues. The partly-broken-down sugar therefore circulates in the blood and acts as a poison to the tissues, including those of the nervous system. In untreated cases this may give rise to irritability, agitation and depression, or even to gross confusion, preceding coma and death. Fortunately, nowadays, untreated cases are rare, and there are thousands of diabetics going about their daily work in full possession of their health and faculties.

Addison's Disease

Failure in activity of the suprarenal glands leads to the condition, first described by Addison, of weakness and increasing exhaustion accompanied by a dark pigmentation of the skin and a low blood pressure. The patient is often depressed and irritable. The weakness steadily increases and the condition, if untreated, usually terminates in delirium, convulsions, and death. An extract made from the cortex, or outer layer, of the suprarenal gland of animals, has been given to these patients during recent years, and has been successful in restoring their mental and physical health.

Tumours affecting the cortex of the suprarenal gland cause precocious sexual and mental development in children, and

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similar tumours occurring in adult women have been found to change the physical characteristics of the patient to the masculine type, with growth of beard and deepening of the voice, loss of any feminine diffidence at undressing in the presence of men, and in fact, a profound change of character. Gordon Holmes has described a case of this kind in an Irish girl, whose mother remarked "She was always after the boys, and now the blessed saints have made her one entirely." Removal of the tumour, however, restored the young woman to her proper sex.

The Reproductive Glands

• The influence of the reproductive glands upon mental health is evident from the fact, already noted, that psychoses often appear or become worse at puberty, during pregnancy, and at the climacteric. The emotional disturbances which occur even among normal people at these times have been discussed in the section on the ages of life.

Castration of males before the age of puberty is said to lead to loss of courage and ambition. Castration in later life is more likely to lead to a similar change in character than to any actual mental disturbances. In women both ovaries occasionally have to be removed on account of disease, and the artificial menopause thus provoked induces such severe symptoms that nowadays surgeons make every effort to leave at least a portion of one ovary whenever possible. The symptoms of complete removal are anxiety and depression, and extreme emotional instability, but again no definite psychosis.

XIII

TREATMENT OF THE NEUROSES

Psycho-analysis

"Pax vobiscum !" said Father Francis

"Vita brevis !" retorted Doctor Butts . he was not a man to be browbeat out of his Latin

THE method of psycho-analysis, invented by Freud, aims at freeing the patient from his repressions. Painful ideas, or ideas which have at some time produced a state of emotional conflict in the mind of the patient may be summarily ousted from his memory, and take refuge in his unconscious mind where they continue to wrangle, in perpetual unresolved debate. Freudian analysis, like a submarine earthquake, heaves up the warring monsters, and the patient is able to look them over and take sides once and for all. Very often upon closer inspection one of them proves to be as fabulous as the sea-serpent, or else such a common sort of fish that it ceases to deserve his attention.

The conflict is said to be due to some wish of the patient which his ego-ideal or super-ego finds undesirable. His super-ego is a composite creature built up from his earliest, admiring view of his parents, and from the standards of behaviour which they, and his environment, have instilled. The super-ego is apt to be rather Victorian and to take a

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strong line about sexual peccadilloes ; and the conflict between the patient's desires and the standards demanded by this super-ego may become so acute that the whole distasteful subject is repressed. But the conflict is no less lively upon that account , and every time the patient encounters a situation which resembles the original squabble he flinches away from it, and the emotion which it evokes helps to reinforce the original combatants. In this way a complex of warring ideas collects round the first forbidden wish, and if the situations which stimulate the conflict occur often enough the patient begins to feel that he is becoming a mere battlefield, and decides, though unconsciously, that he must have some protection from the kind of events which excite the strife. He is then likely to develop a neurotic symptom, which may be extremely appropriate to his purpose. The man whose work has in some way contributed to his conflict may find himself unable to travel in the 'buses and trains which carry him to his office. The woman who dislikes looking after an unpleasant relative (not, presumably, because anybody would, but because the situation tickles up her unconscious problem), falls into such a profound state of fatigue that she is quite unequal to her duties. The student who is faced with failure in his examinations develops eye-strain which makes it impossible for him to sit for his degree.

These are fairly simple neurotic symptoms in which the purpose is so clear that it is astonishing that the patient cannot see for himself what he is about. But the great point is that he cannot see. He is no malingerer. Consciously he is acting in perfect good faith, and the first essential of a neurotic symptom is that it should deceive the patient and provide him with a genuine excuse. In many cases, of course, the devices are much more complicated, and the conscientious

DREAM SYMBOLISM

person is the one who will wrap up his excuse most elaborately in order to hide its nature from himself

On the face of it, a very simple explanation which puts the symptom in its true light should be sufficient to cure the patient, provided he will believe it, and, indeed, cures of this kind are common and will be discussed later. This short cut is not admired by the followers of Freud, however. In effect, they say—and clearly with truth—that you are never going to get the pinnacles to sit steadily if the foundations are shifting, and as all neurotics, and most of the rest of us, have got our foundations all wrong, there is nothing for it but to take each man to pieces and remould him nearer to the heart's desire.

The technique of this building and decorating operation is simple, but it takes a long time to carry out. First a very detailed history of the case is taken, the patient has the supreme felicity of sitting down and telling someone the story of his life, and as he has generally been wanting to do this for a long time, but has failed to find an audience, he feels at once that something is getting done. This history must include his relationships with his family and friends, his home conditions, his work, and all he cares to tell about his feelings. Usually when the story is told there are found to be gaps in it, and quite often these gaps are relevant to the symptoms, the important things are left out at first. When these gaps have been filled as far as is possible at this stage, the principles of analysis are explained to him, and he is asked to record his dreams.

Dreams have been favourite material for enthusiasts since primitive man (they tell us) took them as evidence of an immortal soul. Nowadays we can believe that they reflect the future, with Mr. Dunne, or, with Freud, that they give

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away our more embarrassing desires neatly disguised as charades. We are not, of course, allowed to think they "mean" anything, in the sense that Pharaoh's dreams meant something according to Joseph. One can imagine a cosmic observer, however, looking down and remarking. "I see the little creatures are at their dream-interpretation games again. Well, well."

Dream interpretation on Freudian lines is conducted rather on the heads-I-win-tails-you-lose principle. The incident which seems important in the dream seldom represents the problem which is really troubling the patient. The emphasis is displaced. The cruder sexual desires are prudishly muffled up, and the reproductive apparatus appears as spears, knives, umbrellas, boxes and boots and bags. The theory is that the "censor"—another of these mystical entities like the super-ego—stands between the unconscious and the conscious like a wardrobe-mistress serving out cloaks and false moustachios to any visitor from the deeper layers who might bring a blush to the cheek of the super-ego. It is difficult to accept such a notion. Not every adult person who dreams of an umbrella would be shocked at the idea of a phallus, and many must be sufficiently mature to be proof against all shocks, however blunt—or pointed. Yet it is manifestly impossible for them to exclude all hollow or pointed objects from their dreams, merely to suit the dream-theory of Freud, or to avoid dreaming of such activities, as leaping, flying or floating which symbolize the sexual act. But if these symbols really are symbols, we are faced with the picture of a censor which, to oblige an archaic super-ego, insists upon playing Mrs Grundy to a highly sophisticated conscious mind.

To claim one never dreams at all, is not, as one might suppose, the sign of a tranquil subconscious, it merely implies that

THE TRANSFERENCE

one's dreams are too scandalous for recollection. Nightmares and anxiety dreams on the other hand are symbols of a repressed sexual wish. So the psycho-analyst wins either way. One cannot help being reminded of the revivalist who finds a sin for you in the very place you didn't expect it.

The patient, having learned to look upon his dreams with grave suspicion, is now asked to continue his account of himself by the method of free-association; and a dream often makes a good starting-point for this task. The patient lies at rest on a couch in a darkened room; the analyst sits out of sight behind the head end of the couch, yet where he can watch the patient's face. The patient is asked to say anything, however foolish, that comes into his mind. It takes a little practice to do this. Most of us try to present an orderly front to the world, and need time to learn to expose our weak spots. This natural coyness in the patient is called the "resistance," and has to be overcome, he is enabled to overcome it by means of the "transference." He becomes so much attached to his analyst that he falls in love with him, he then identifies him in turn with all the people he has loved and hated in his life, and expends upon him the excess of emotion which, presumably, he spared the originals. This process of working off arrears of emotion is called "abreaction," and seems to do good. Possibly the patient feels he has been allowed to have his grouse out at last.

The analyst is supposed to avoid putting ideas into the patient's mind. The patient is expected to do most of the talking, and in the process he begins, after a time, to see the protagonists in his conflict more clearly, and to recognize his own subterfuges and evasions as such. This is an irritating occupation, and he often becomes very difficult to live with during this intermediate stage. According to Freud's view,

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the origins of conflict lie far back in infancy, when the individual was making his first adjustments to his environment and to human relationships. Usually these early adjustments (or maladjustments as they seem to be more often than not) revolve round those exciting relationships between parents and children which Freud has named the Oedipus and Electra situations. They are discussed more fully in the section on the ages of life.

To penetrate the dark beginnings of the patient's mind in order to restore his peace is an admirable principle, and no doubt an art as well, but it takes time. Life is short. It is quite clear that this method is not applicable to the great bulk of neurotic humanity.

Its value in some cases cannot be questioned, and the stimulus which Freud's theories have applied to the whole study of psychology can scarcely be over-estimated, and certainly not evaluated at the present time. But his method undoubtedly has limitations, one of which is set by the income of the patient, only a wealthy person can afford to attend a psychologist over a period of months for hour-long sessions several days a week at a guinea a time. And only a leisured person can afford to spend so much time and attention on perfecting his mental health. True there are clinics where patients are treated free of cost, but they are nothing like sufficiently numerous if this form of treatment is to be regarded as usual. Another limitation is imposed by the age of the patient, the method is essentially suited to those who have their lives before them. Few people over the age of forty can respond to it, partly because by that time they have collected such a mass of material that it takes too long to deal with it, and partly because not many people of that age are prepared to face wholesale readjustment of their lives. They

ANALYSIS AND THE ELDERLY PATIENT

have already made their compromises, for good or ill, and it is too much to expect them to start from the beginning and make a whole new set of compromises which may or may not be as convenient as the old ones

The elderly patient who is advised to seek rebirth on Freudian lines may start successfully enough, reach the point at which his naked conflicts confront him and his symptoms are correspondingly increased, and then stick fast. The last case of such a patient is naturally worse than the first. One woman had a habit of talking and muttering to herself about age-old grievances which she had never managed to forgive, or even to forget. After two years of Freudian psycho-analysis, at considerable expense to her relatives, she had so far overcome all sense of guilt as to be able to shout her grievances in firm tones and to bang about the house in a rapture of self-expression. In a way, of course, she was better, but her relatives may be excused for wishing they had spent the money upon sound-proof doors.

Moreover, the process of anamnesis—the recovery from oblivion of much we have discarded and repressed—may bring to light more than was bargained for. We cannot afford to have our minds burdened with a mass of hampering detail and outworn emotion; at every step something must be left behind, something flung on the rubbish heap. Once we attempt to recapture the beginnings of the journey we must necessarily recall much that is irrelevant to the immediate problem. It is not merely that the hoard needs prolonged sorting before the significant fragments are picked out: it is also inevitable that there should be material present which was better left alone. A man struggling with one conflict may thus be faced with half a dozen others that had been giving no symptoms until they were stirred up.

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The analyst says, no doubt with truth, that since these conflicts can be recovered they had never been resolved; they had been avoided or overcome by some trick, some mental mechanism, which had only been effective in removing them from consciousness. Doubtless it is better to resolve our conflicts than to sidestep them, and doubtless in the mind of the perfectly integrated man these foci of contumacious matter would not exist, yet it is hard to believe that in order to rescue the patient from one difficulty it is necessary to call up all those which have harassed him in the past, or that by giving him seven conflicts to resolve instead of one you are doing him a service.

It is true that in young people the conflicts brought to light by analysis are often closely linked to the original problem, but in older people there may be no such link, or if there is it may be so remote, and so much distorted by time and experience, that it cannot be traced. To recall such conflicts into consciousness may be merely to add to his existing problem or to provide him with several new and more exacting ones.

With other patients to whom psycho-analysis on Freudian lines is unsuited, the "transference" sometimes persists long after the need of it should have been outgrown. In the Freudian view the transference is an essential part of the treatment, the patient *must* fall in love with his psychologist, at any rate to the extent of using him as a lay figure on which to drape the garments of his former loves. Sometimes, naturally, this emotional relationship becomes an entity in itself. The analyst, however much he may desire to efface himself, is human - he must have his impressive qualities or the patient would never consent to visit him; he often has the charm of honesty and the confidence of one who

THE ANALYSED PERSON

has faith in his own creed ; and he may even be a lovable person by nature. Above all he shares with the patient one of the closest, and indeed one of the most mutually satisfying and inspiring of human relationships—that of master and pupil. Dante adoring Virgil, Lady Jane Grey delighting Roger Ascham, are types of this bond, which most of us can parallel somewhere in our experience of studentship.

It is one of the tasks of the analyst at the end of treatment to help the patient to dissolve the transference ; but the bond between the good master and the good pupil is not easily broken, and the bond between the master, however good, and the stupid, clinging type of pupil may be impossible to break at all. For some patients, then, the analyst himself becomes the neurosis. They find in him the refuge which formerly they found in their symptoms—a substitution which flatters neither party.

A final objection, to the outsider, is the effect psycho-analysis has on the patient. The analyzed person is rarely such good company as he was before treatment. I suppose we have the merits of our defects in the ordinary way. Dr Jekyll, when he succeeded in dissociating his personality, pointed out that it was touch and go whether he would liberate an angel on the world, or a devil. It turned out to be a devil, but a world peopled with angels would be as little to the common taste as a world peopled with Mr. Hydes. Those who have been analysed are often a little too like Dr Jekyll's nobler part, and their sense of humour has sometimes suffered gravely. They are saved, they have seen the light and accepted a gospel, and they are generally willing to help others to share their freedom in the kindest way. But they have lost something, some natural salt. Possibly they have the defects of their merits.

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Partial Analysis

A more useful, because a shorter, method is the partial analysis aimed at by some psychotherapists, this has proved to be of great value, judging by results in many cases of neurosis. Like any other form of analysis success depends to some extent on the intelligence of the patient. After all, the neurotic patient, whatever form his illness may take, has got to face an unpalatable truth about himself before he can recover. It may be merely a recent evasion, a bid for attention, a desire to obtain compensation for an injury, or some long standing attitude of mind which has made it difficult for him to take the world as he finds it.

Dr T A Ross, who has had considerable success with his modified type of analysis, quotes in his book *The Common Neuroses*, the case of a woman of forty-five who complained of such extreme fatigue that she could not walk across the room. Fatigue is a symptom of mental ill-health, not a cause of it, but patients are not readily willing to accept this fact because it drives them from a praiseworthy position to one which they fancy holds a reproach. This patient had had attacks of fatigue which had occurred at intervals over a period of twenty-two years. The first attack was said to have followed influenza, and had necessitated a rest cure. Since then she had had fatigue of this severe brand after every attack of influenza, and since she was afraid of influenza and sure she was going to get it, get it she did, in every epidemic which came her way. She had six rest cures in twenty-two years. On going into the history it turned out that her first attack of influenza probably was not influenza at all, she had no rise of temperature, but everyone else in the house was having influenza, and she felt ill, so she went to bed convinced

GROWTH OF A NEUROTIC SYMPTOM

that she had it too. However, she had reason to feel ill at that time, for she had just received news that her father had committed suicide. She was also considering whether to marry, and she had had to decide whether she was justified in doing so in view of her family history. She decided to marry if she recovered, recovery was promised if she would have a rest cure, and she took the cure, recovered and married.

She managed to put her scruples out of her mind, but attached the anxiety they had evoked to the idea of influenza, with the results already described. The sixth rest-cure failed to work its charm, while it was in progress her brother had committed suicide. Her old scruples had returned with added weight, for now she had children, and was dismayed to think they might be future psychotics. When these events had been thoroughly discussed and brought into their true relationship in the patient's mind, her fatigue disappeared, and she began to walk up to twenty miles a day for exercise. Fifteen years later she was still reporting herself to be in good health.

This is a typical example of the type of case which will respond to a modified analysis. No doubt there was a more fundamental origin of the trouble than that which was brought to light in the course of treatment. Probably if she had made a different adjustment to events in early childhood she would have behaved differently in the situation which provoked the original attack of fatigue. But this is almost equivalent to saying that if she had been a different person she would have done something else, the fact is, she was herself, as inheritance and environment had turned her out, and that was what she did. And she was perfectly ready to see where she had made a mistake and to rectify it even after twenty-two years. She was willing to relinquish the view

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of herself as a peculiar victim of influenza, and to face her real difficulty courageously.

This type of analysis nearly always resolves itself into persuading the patient to let go of some cherished idea about himself, and to accept something less laudable. Psychological maladjustment seems to arise far more commonly from an unwillingness to let go, a desire to cling to some favourite notion, than from any genuine inability to face the difficulties ahead. It is a love of the familiar, the security of old associations, and it has been summed up in the phrase: "The libido of the neurotic is always in arrears." He is like a man hanging from a crumbling building by a rope, unwilling to let go and risk the leap into the blanket spread below, clinging to the rope which has so far given him support and safety. Yet if he can be persuaded to make the leap he will afterwards recognize how necessary it was, and how comparatively safe.

The method of partial analysis by which the patient can be brought to accept the truth about his difficulties is straightforward. The first step is to take the history, and this is done over a series of interviews each lasting an hour. The patient tells his story in his own way, and as he goes along events will probably begin to correlate themselves with symptoms, at least in the doctor's mind, but he makes no suggestion of this until he has performed a full physical examination, which should be done when the history-taking is complete—usually by the end of the second or third interview. The physical examination must be extremely thorough because the patient has usually been frightened by some half-understood diagnosis, or by something he has heard from his friends. If no signs of physical illness are found, he can be told so confidently; but at the same time he is assured that his symptoms

EXPLAINING SYMPTOMS

are not imaginary, and that they will get well with proper treatment. If physical illness is present its nature must be explained to him comprehensibly.

The next step is to get the patient to realize that physical symptoms can have mental causes. He is given an idea of the way in which his nervous system works. Fatigued patients, Ross finds, often imagine it as a battery which has run down, and they can be helped if they learn to think of it instead as a telephone exchange in which the operators are failing to connect up the subscribers. They can then be shown that fatigue is due to a block in the transmission of nerve energy. The cause of the blockage is usually a fear of some kind, an unwillingness to attempt something disagreeable. Examples of similar emotional blocking in other people are then quoted, and these are usually helpful because it is generally easier to see the beam in the other person's eye than the mote in one's own.

It will then usually be possible, with any given patient, to show from the history how his symptoms have come on at times of emotional stress. All these are new ideas to him, as a rule, and as they are not particularly pleasant at first, he may forget them quickly after the interview. He is therefore usually asked by the doctor to write an account of the interview, and sometimes this account will show that he has forgotten the chief points discussed, or that he has turned the doctor's remarks round to suit his own wishes. Explanations have to be repeated patiently again and again until the patient is willing to accept them. Once the new ideas have been understood, however, and applied to himself by the patient, he will be able to see the way out of his difficulties, and will take it. If the difficulty he has been shelving has been of a particularly distressing kind—for example the recognition

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of some cowardly or brutal act, which was often at the root of war neuroses—his self-confidence will have to be built up in other directions to compensate for the wound it receives in facing the truth. He must be reminded that a bad soldier is not necessarily a bad citizen. Relapses may occur, but a person who has once acquired the art of plain thinking about himself is likely to be suspicious the next time he finds himself developing vague symptoms and to look round for a cause. The fact remains that many neurotic patients recover and remain well as a result of this modified analysis, and the duration of treatment can usually be measured in weeks or months, instead of in the months or years usually required for a complete psycho-analysis.

Suggestion

McDougall defines suggestion as "a process of communication resulting in the acceptance with conviction of the communicated proposition in the absence of logically adequate grounds for its acceptance" Whatever we may think of his plethora of nouns, we cannot help agreeing with his definition. We are all subject to suggestion, we all go about accepting information upon no adequate logical grounds. Advertisements dangle a bait before us and we swallow it, hook, line and sinker. Newspapers stimulate our emotions, especially fear, and our mood is affected accordingly. Our friends influence our behaviour by suggestion more often than by argument. One would expect suggestion to be the ideal tool for the psychotherapist, and it is certainly useful to some extent, as faith-healers know. Strong suggestion may get rid of a symptom, especially in hysteria, but it does not get rid of the mental difficulty underlying the symptom.

Consequently suggestion alone does not provide an

HYPNOSIS

adequate form of treatment either in neurosis or psychosis. No doubt it must often form a background for treatment, though the Freudian school would like to avoid it. Only suggestion gives any patient sufficient confidence in the doctor to accept his treatment. No mentally ill person has the energy to decide by a logical investigation of the doctor's medical qualifications (even if he has sufficient inside knowledge to make a just evaluation of these flourishes) whether the man is fit to treat him. He looks at the doctor and receives from his appearance and manner some assurance that he is a competent and kindly person—an impression based upon insufficient logical grounds. A patient is no less ready to credit the doctor's opinion and explanations upon that account. •

Suggestion can be used more powerfully than this in the form of hypnotism. Hypnosis has been used in psychotherapy since the middle of the last century, but its popularity has steadily declined. It is open to the same objections as any other form of suggestion. It may get rid of the symptom, but fail to reach the underlying cause.

The patient in a state of hypnosis is extremely receptive to suggestion. The hypnotic sleep is induced best in a quiet room with the patient at rest in a chair or on a couch. He is asked to relax and to fix his eyes upon a bright object—a lens or a watch-case will serve—held just about the eye level. He is told, in a gently confident tone, that he is going to sleep, and if he is willing to accept the suggestion, he presently becomes drowsy and falls into a hypnotic trance in which therapeutic suggestions can be made to him, and repeated until they have sunk well in. Memories which have been repressed can sometimes be revived under hypnosis, the patient is then invited to remember them when he wakes up, and will often obey the injunction. But such repressed memories are

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usually extremely painful, and if their recall has been hurried forward too much the patient may not be in a fit state to bear them. He may pass from a state of anxiety into a serious depression, or his mechanism of defence may return to its task, and he will simply forget them again as though he had never brought them into consciousness at all. This is not particularly constructive, as the whole business has then to be begun again. To recover a lost incident successfully the patient must have reached such a degree of insight into his problem that he is willing to face the memory consciously. Usually such repressed memories are of some incident of which the patient is ashamed or in which he regards himself, rightly, or wrongly as having failed in some duty or responsibility. Many of the cases of lost memory during and following the war of 1914 were of this type. Responsibility lay heavily on many of those who made excellent soldiers, and at times the demands of their task were beyond their conscientious performance. Ross tells of a man sent with a message from headquarters to his own battery, during the March retreat of 1918. The message required the battery to remain where it was until wiped out. The man found himself riding in the opposite direction; and had he not encountered some of his fellows returning to the battery position he might have left the message undelivered. As it was, he returned with them and gave it to the officer in command, but afterwards considering that he had failed in his duty, and finding the thought intolerable, he repressed the entire incident. He recovered the memory later under the limited form of analysis practised by Ross, and was able to realize that it showed no great defection from duty to find such a message hard to deliver.

XIV

TREATMENT OF THE PSYCHOSES

Psychotherapy in the Treatment of Insanity

IN this country it is generally agreed that psycho-analysis has no place in the treatment of the true insanities. Any attempt to psycho-analyse a psychotic patient, or even to inquire too closely into his emotional state, usually leads to an alarming increase of symptoms. It is a little difficult to see why analytical discussion of his case should often benefit a neurotic and nearly always make a psychotic worse, but an analogy drawn from physical illness may throw some light upon it. A man will develop flat feet as a result of wearing the wrong shoes and of standing wrongly in them. When this is explained to him he can do something towards getting rid of the disability, he can buy special shoes, or, if he cannot afford that, he can learn to place his weight differently and to strengthen his weak muscles by exercises. This is the position of the neurotic: he has come to grief because he has been unable to fit into his environment and he has tried to adjust himself to it in the wrong ways. If he can once get a clear picture of the true facts about himself and his surroundings he can make a better job of managing both. The man who has gout, on the other hand, is in the grip of a painful constitutional disorder. No amount of wriggling of his great toe joint is going to make it feel any better; only rest can do that, as the patient is perfectly well aware, and he will very properly

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shriek with rage and pain if some well-meaning fool, declaring : " This toe needs exercise ! " begins to twist and prod it for him. This is one great difference between the neurotic and the psychotic patient. One has adopted a wrong attitude to his destiny—a sort of postural deformity of the mind—and the other is suffering from an attack of illness, very often a constitutional illness, to which he is specially liable. This does not imply that the neurotic patient can never become insane—he can, of course, just as a flat-footed person may develop gout, but while he is in a state of neurosis he is accessible to treatment by rational discussion, and if he becomes insane he is not.

They also differ completely in the situations they are facing. The neurotic is harassed by reality, the psychotic by unreality. The neurotic is called upon to face facts, and is discomforted because he finds them harsh, the psychotic, willy-nilly, is called upon to face illusions. He is like those warriors in the old Irish legends, who, stepping unwittingly into the country of the *shee*, found their weapons useless and their limbs enchanted.

This is not to say that psychotherapy of any description is useless to the insane person, beyond all others he needs comfort and reassurance, even though they cannot touch him closely. The depressed patient in particular may be helped by a sympathetic listener when he wishes to talk of his troubles, but the role of this confidant is passive, and he must avoid analytic explanations or suggestions. Some patients are made worse even by recounting their difficulties, much as they wish to speak of them, psychotherapy then consists in steering them to safer ground. Repeated assurance that everything is going to become real and natural again is often helpful to a recoverable patient, even though he cannot

REASSURANCE

believe it. Ross, writing of the treatment of depression says :

“ Every time the patient is seen he will wish to recite the tale of his sufferings, and though the doctor may know quite well what he is going to say he must sit quietly and listen , and every time he must not weary of repeating his message of hope, for undoubtedly it does give great comfort, a comfort which may last for a day or two . It does not abolish any symptoms, but it seems to make them more tolerable ; it seems to make the patient capable of hanging on ”

Apart from reassurance of this order, which is valuable psychotherapy in itself, the psychotic patient is in constant need of kind and serene usage which leaves his troubled emotions unstimulated . In such an atmosphere recoverable patients can mend, and those who are beyond recovery are spared unnecessary strain . Bleuler gives, as the most important psychical means of therapy, “ patience, calm, and inner goodwill for the patient, three things that must be absolutely inexhaustible ”

General Principles of Treatment

When a patient is overcome by mental illness his first need is rest . He cannot be at rest in surroundings which impose an emotional strain upon him , and despite the favourable opinion which home life has excited from time to time among the poets, domestic interiors are rarely tranquil . A man's family *cannot* provide a neutral background, and it is common to find that a patient is better away from home among those who make no emotional demands on him, and who are not shocked by his changed behaviour . Relatives often find this hard to realize . Parents, especially cannot believe that their children are better away from them, and may insist on

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removing a patient from hospital care long before he is fit to experience the strain of home circumstances. This has sometimes resulted in the suicide of a young person who was well on the way to recovery in hospital

Similarly, a patient may appear perfectly recovered in hospital many weeks before he is fit for discharge. Too early a return to his home will provoke a relapse, which a little patience could have avoided. Hasty removal of the convalescent patient from hospital springs partly from the notion that mental illness is disgraceful in some way which does not apply to physical disease—that a stigma attaches to it—and partly from a widespread horror at the idea of a sane person confined among the insane. Yet no one thinks it disgraceful for a man recovering from a physical illness to remain in hospital till he is fit to leave it, even though his physical state may be normal compared with that of other patients in his ward. Undoubtedly cases have occasionally occurred of sane persons kept too long in hospital, but the legal safeguards to-day make this danger exceedingly slight, the danger of too early discharge is more serious in the present crowded state of our mental hospitals.

Rest for the patient does not imply merely a change of environment; often he will need rest in bed as well, and systematic feeding to bring his weight up to its normal level, for nearly all patients lose weight at the beginning of a mental illness. Feeding is often a serious problem with depressive cases. A person in a morbid state of gloom can see very little point in eating, and it takes a tactful and cozening nurse to get his meals into him. Nourishing, easily digested food is needed.

Those who refuse all food may need to be artificially fed by means of a tube, and this can be done with very little discom-

REST

fort to the patient ; a fluid diet, containing all the constituents necessary for health, is given slowly twice or three times a day.

The Weir-Mitchell principles of rest in bed, overfeeding, massage and isolation are often helpful. Isolation, at the outset, should be especially from relatives, who with the best will in the world usually leave the patient excited and distressed. They find it hard to believe this, and may insist upon seeing the patient, who sometimes alarms them with a wild account of persecution, electrical experiments made upon him, or assaults by doctors and nurses. The relatives begin to wonder whether they have committed the sick man to the care of rogues and charlatans who are trying to keep him isolated from his friends for fear of exposure. The situation at such times is apt to become very difficult. The doctor can only attempt to reassure the relatives and leave it at that ; if he protests too much he will almost certainly excite doubt in their breasts. Those who look after the mentally sick are always seeing a suspicious eye turned thoughtfully upon them.

Sedative Treatment

To induce sleep is an important part of treatment, for many patients are wakeful. A hot drink at bedtime is a simple and effective sedative with some people, others respond to a hot bath followed by a little gentle massage. Excited patients are often soothed by more prolonged hydrotherapy provided in the form of a continuous warm bath in which they can lie for an hour or two. The temperature of the bath is regulated by a constant flow of warm water, and perhaps this situation mimics more successfully than any other that return to the womb which the psycho-analysts assure us makes such a widespread appeal to mankind.

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Sedative drugs naturally have a place in the treatment of agitated or sleepless patients. These are given with due consideration to the needs of the case and in such dosage and variety as to avoid the chance of habit formation.

Massage and electrical treatment are often found to be soothing, and are helpful to convalescent cases in restoring vigour to slack muscles. Outdoor games of all kinds are encouraged in mental hospital treatment, and are very popular even with chronic patients. Mental hospitals can usually produce an excellent cricket side in which patients, attendants and doctors share. This seems to lead to no difficulties except, perhaps, when some member of the visiting team finds that he has been humouring the superintendent all afternoon.

Occupational Therapy

The discovery that mental hospital patients are happier when they have something to do was made during the nineteenth century, and was one of the earliest advances in the humane treatment of the mentally ill which began about that time. Organized training of patients, as a form of treatment, however, is a development of the present century, and has had valuable results. All large mental hospitals to-day are equipped with an occupational centre, usually under the control of a trained woman instructor in handicrafts. Opinion is divided about the exact training required for the person holding this post, some authorities consider that she should be a trained nurse, and others think this unnecessary. On the whole there is something to be said for choosing a person who has nothing to do with the daily treatment of the patients, and is not concerned directly with their mental health, they appreciate contact with someone from the outside world and

SOCIAL CO-OPERATION

enjoy working with a teacher who is interested in them only as pupils of a craft, and with whom, therefore, they need feel at no disadvantage. A sympathetic instructress can sometimes help a patient more than his official attendants

The first piece of work given to the patient is simple, attractive and easily finished, so that he does not have to work long to achieve something. Leather work appeals to nearly everybody, the materials are pleasant and easily handled and the finished thing, whatever it may be, is usually agreeable to look at. Encouraged by an easy success of this kind the patient can be led on to other handicrafts, of which the common ones available are raffia and cane-work, rug and basket-making, simple joinery, weaving embroidery, glass or china painting, book-binding and shoemaking. Those whose initiative is not sufficient for any of these ventures often enjoy a routine task such as the sandpapering of finished wood-work, varnishing or wool-winding.

The advantage of the occupational centre is not only that it gives the patients an interest outside their own problems; it also brings them into a social atmosphere where all are working purposively and co-operatively. In large public institutions there is some slight danger of occupational therapy becoming too much of a business, and the well-being of the patient may be sacrificed to the output of the workshops. It is a danger against which doctors and instructors alike have to be on guard, for it may mean that a patient is kept at an occupation long after he begins to find it tedious, and this does not encourage the return of mental health. Boredom is bad for anybody.

The chief aim of the instructress should be to make the patient feel he is succeeding. Psychotic patients have little

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self-confidence, except those enjoying the spurious self-confidence of mania ; the sense of achievement gained in the occupational department gives them something to build upon. Even chronic cases in whom all hope of recovery is at an end may be able to keep their phantasies at bay while their attention is focused on an agreeable task, and the progressive deterioration in the dementing patient may be delayed.

XV

MENTAL DEFECT

MENTAL defect is a condition of imperfect or arrested development of mind and is usually present from birth, though in the nature of things it may not be noticed till a child is five or six months old. All newly born infants are doltish, and display little intelligence except in the eyes of their parents, so that mental defect cannot usually be diagnosed when the child is born. Two types of mental defect, however, are associated with constant physical peculiarities which are present and recognizable at birth, and these types can be diagnosed at the outset; they are mongolism and microcephaly, and will be described more fully later. If these types are excluded, the usual history of a mentally defective child runs as follows

At birth he appeared to be normal—often “a fine baby”—but after a month or two he failed to produce a smile other than that grimace due to wind often mistaken for one in young children; at four months he seemed to take less notice than he should, at six months he was still failing to recognize his mother or to babble to himself, at nine months he was making no attempt to crawl or even to sit up; and by that time the parents had begun to realize that all was not well, and had brought the child to the doctor.

In the early years it is extremely difficult to assess the degree of mental defect. Walking and talking are often greatly

MENTAL DEFECT

delayed, and it is common for a child of imbecile grade not to walk before the age of four or five years, and to begin to talk even later, while some idiots never learn to walk or talk. Yet, with education and training, many imbeciles will show considerable development, and will reach a standard of conduct and intelligence which makes them agreeable residents of an institution. This is a more valuable achievement than might appear at first sight, for as long as euthanasia remains a phantasy for eugenists, these patients must live tolerable lives and receive care from trained attendants. Life in a hospital for mental defectives would be a dismal business for nurses and patients alike if some of the patients, at least, could not be trained up to an acceptable level of behaviour.

Actually, on visiting the wards of such a hospital for the first time most people will be repelled and disgusted, for a large number of mentally defective patients are unprepossessing. They are more liable than other people to show those minor physical deformities to which the name "stigmata of degeneration" has been given. Among these stigmata may be classed such things as extra fingers and toes, webbing of fingers, squints and tremors of the eyeballs, cleft or misshapen palate with crowded irregular teeth, a tongue too large for the mouth, ears which stand out like fans from the head, or which are unlike each other, one being large and the other small, rudimentary extra ears, asymmetry of the face, clubbed feet, and abnormal distribution of hair. Many normal people have such peculiarities and not every mentally defective patient will show examples of them. But they are certainly more common among the population of a hospital for the mentally defective than they are outside. Many mentally defective patients, however, are comely and look as intelligent as anyone else.

DISPOSITION

Fortunately for those who have to look after them the unattractive appearance of a large number of these patients is misleading. The partiality of a mother for her mentally defective child is notorious and is usually put down to the vagaries of the maternal instinct. This is not a complete explanation. Almost anyone who has much to do with mental defectives becomes rather fond of them, if not in bulk, at least as individuals. The visitor seeing them on a single occasion judges them by standards applicable to normal people, and comes away disheartened and repelled. Those in constant touch with them are able to discard such standards after a time and to judge them on a different level, accepting disposition as higher currency than intelligence or conduct.

In disposition the mentally defective often outstrip the normal population. It is true that there are disagreeable, spiteful and selfish mentally defective patients, but there are many who are affectionate, gay, mischievous, kind, music-loving, helpful and serenely good-tempered. And there are many, too, with a gift for being extraordinarily pleased by a very small piece of good-fortune. Some will find their whole day glorified by the gift of a cigarette card, some will talk endlessly of the delights of a day at the seaside. This attitude of mind is very winning. Nurses have the same affection for many of these patients which others spend upon domestic pets. The great thing is to assess them by standards which are appropriate to their good qualities and not standards designed for adult people of normal intelligence.

It seems appropriate here to refer shortly to the question of euthanasia. Undoubtedly there are many low grade idiots who are so unhappy and so uncomprehending, that death would be preferable to life in their state. But if it were

possible to hand these over for euthanasia without more ado, there would still be a large body of mentally defective people who are at least as useful as a neurotic in the grip of his illness, and decidedly better company. They enjoy life as much as, or more than, the average city worker. Moreover, their intelligence probably reaches a standard which would be accepted as well up to normal among certain savage races. Who is to say they are meet for taking off?

Legal Grading

Under the Mental Deficiency Act of 1937 patients are classified as idiots, imbeciles, feeble-minded persons, and moral imbeciles.

Idiots form the lowest grade. By definition they are those showing "mental defectiveness of such a degree that they are unable to guard themselves against common physical dangers." The idiot cannot save himself if he tumbles into water, he is too witless to run away if exposed to danger by fire, incapable of feeding himself if left alone with food, unable even to achieve simple personal cleanliness. He needs constant attention, for his own protection. He is more likely than the higher grade patient to show stigmata of degeneration. He is also more likely to sit listlessly in a corner perhaps dribbling at the mouth, unable to play with a toy or occupy himself in any way. He may have the full use of his limbs yet never learn to walk. He may never learn to speak, or he may master a word or two, at most, and repeat them parrot-fashion. He may be blandly apathetic or shaken by gusts of ill-temper, in which he shouts and roars and bites his nearest neighbour. The lot of the idiot is not, on the whole, a happy one, though there are exceptions.

Imbeciles are defined as those whose mental defect makes

POSITION OF THE FEEBLE-MINDED

them incapable of managing themselves and their affairs, or while they are children, of being taught to do so.

Fortunately imbeciles are commoner than idiots, and they form the large bulk of the population in hospitals for the mentally defective. In this group many are cheerful and friendly, anxious to help and responding well to simple training. Some of them are spiteful and ill-tempered, but they are often sufficiently well-equipped with conscience to know when they have behaved badly and to be sorry for it. Even in adult life, however, they do not attain a mental age of more than six to seven years when examined by intelligence tests; and they never become fit to conduct their own lives, for their docility and readiness to accept any suggestion makes them easy prey for anyone who wishes to exploit them.

Feeble-minded persons are those in whom mental defect does not amount to imbecility, but is yet "so pronounced that they require care, supervision and control for their own protection, or for the protection of others or, in the case of children that they appear to be permanently incapable . . . of receiving proper benefit from the instruction in ordinary schools."

It will be seen that the definition applied to adults is completely different from that applied to children. For children a purely educational definition suffices, for adults this cannot, of course, be taken as the standard. Feeble-minded girls are more likely than others to become the mothers of illegitimate children, and many of them, if not safeguarded, become prostitutes. The Act aims at preventing this.

The feeble-minded, called *morons* in America, form perhaps the most unfortunate group among the mentally defective. They are sufficiently close to normal standards to appreciate the brand of certification and to consider it unjust

MENTAL DEFECT

They feel, sometimes with reason, that they are no stupider than a good many people who are walking the world at large, and consequently they find it harder than imbeciles do to accept their lot of institutional segregation. This is the group of patients for whom the chance of voluntary sterilisation deserves the most careful consideration. Many of the women are capable in domestic work and would make good and loyal housewives.

The disadvantage of the present system falls most heavily on the borderline cases. In one instance a girl of borderline grade had been admitted to an institution during infancy and had spent her whole life under institutional care. In adult life she was let out on leave on trial, and met a man who wished to marry her. Whatever her mental capacity, her sense of moral responsibility was of a very high order; she told him the position and gave him the opportunity to withdraw. He said that he preferred to marry her, and with his help she was able to gain a discharge from certificate. It would have been better if the existing system had not been so arranged as to inflict distress on this particular girl. And it would probably have been better if, though free to marry she had not been competent to bear children, but not necessarily; conscientious citizens of her type are few, and are probably worth cultivating at the cost of a little intelligence.

Moral defectives are defined as persons in whom "there exists mental defectiveness coupled with strongly vicious or criminal propensities and who require care, supervision and control for the protection of others."

They sound like fabulous monsters, and indeed the people who can be fairly placed in this group are few. Their title is in itself misleading, for to the unbiassed mind a moral defective might well be one with high ethical standards. Then, the

RESISTANCE TO MORAL TRAINING

definition includes two distinct requirements. In the first place these patients must exhibit mental defect of a degree which can be detected, yet which is not, presumably, such as to bring them into the feeble-minded group. The defect evidently must be largely one of morals. the patient must be so afflicted that he cannot distinguish between right and wrong, but indulges in crime as gaily as he eats his breakfast, innocent child of nature that he is. It is easy enough to imagine something of this kind occurring in an imbecile or feeble-minded person whose intellectual defect is such that he really cannot appreciate even the simplest moral training, especially if his emotional endowment is so defective and unstable that he is never able to acquire and maintain any permanent ethical sentiments. But in such a patient the moral defect would be secondary to mental and temperamental defects and there would be no need to advise a separate category for him.

An actual defect, inborn or acquired, of "moral sense" is difficult to imagine. The capacity to distinguish between right and wrong is not inborn, it is bred into us with great pains by our pastors and masters, and they are often least successful with their most intelligent pupils. In fact the more intelligent the pupil, as a rule, the less inclined he is to make this crisp distinction, though he may adopt acceptable standards of behaviour for other and more philosophic reasons.

A moral defective, then, must be made not born. Either his intelligence or his emotions, or both, must be so abnormal that he is able to resist the development of any moral scruples whatsoever. This thorough-going moral obtuseness sounds a remarkable achievement for a child. He deserves credit for toughness if nothing else. However, there seem to be some cases in which this feat of endurance, or something very like it, occurs. The history, in such patients, is one of long standing

MENTAL DEFECT

delinquency and unsocial conduct, and their outstanding characteristic is a complete absence of regard for the feelings of other people. One patient set fire to a house on the ground that it would be fun to watch the family burn. The delinquencies of these patients usually revolve round petty larceny, arson and pathological lying, and they are often intolerable in the home, slandering their family to strangers, wreaking spiteful vengeance for slights, and pilfering family possessions to sell. One girl, whose case is quoted by Henderson and Gillespie, was caught selling her brother's second best boots to a rag-and-bone merchant.

There are more causes for antisocial behaviour and disregard for the welfare of others, however, than innate emotional and intellectual defect, and the chances are that as the psychological study of these patients advances the number who can be classed as moral defectives will decrease still further.

In any case the diagnosis is one which should never be made except in the last resort, for it is sterile. To class a person as a moral defective is to brand him as impenetrable to all ethical training—a counsel of despair. The label is a tempting one, for it means an end of all responsibility except that of making sure he does no harm to others, and for that reason it is dangerous.

Certainly the diagnosis of moral defect should not be applied to a child. Opportunity for training should never be reduced during the growing period. A faulty environment can provoke in a child an appearance of callousness and hostility which may improve or vanish in easier surroundings; and too great a readiness to tie a label on him may give rise to ludicrous overstatement (in one case a child of five was described as an "inveterate liar").

RESULTS OF SLEEPY-SICKNESS

However, if inborn moral defect is rare, there is one type of infection which can create moral defect in a normal child. This is encephalitis lethargica, or sleepy sickness.

When an adult is affected by this disease the results are largely physical, he develops a chronic and slowly increasing rigidity of muscles which is disabling but not painful. Intellectually he is scarcely affected. But in children the physical effects of the disease are usually long delayed and may never appear at all, the chief effect is on the mind. They experience not only an arrest of mental development but a complete change of character, usually for the worse. The obedient, mannerly, agreeable child becomes wild, intractable, destructive and spiteful, and may be so uncontrollable that his admission to an institution is the only solution of the problem he creates for his family.

Encephalitis lethargica first appeared in this country in 1917, so that in the Mental Deficiency Act of 1913 no provision appears for these children. To meet their needs the definition of mental defect was changed, in the Act of 1927, to cover cases of arrested or incomplete development of the mind existing before the age of eighteen years, "whether arising from inherent causes or induced by disease or injury."

Fortunately encephalitis lethargica in its acute form has died out of late years. Mental defective institutions, however, still harbour children and young people showing the chronic symptoms induced by the disease. Children showing these symptoms are lively, amoral, and often rather likeable. Reproofs mean nothing to them. A girl who used to make a practice of biting and kicking her fellows had a simple device for avoiding criticism. Taxed with her shocking behaviour she always smiled sweetly and said :

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"Doctor, look what I got!" and displayed a picture post-card or a bit of tape which she had hoarded up. She was an adept at changing the subject; after a vigorous scolding from the nurse she remarked placidly "Haven't you lost your voice yet?"

Some of these children later develop the typical rigidity of the adult cases, and their unruly behaviour is at last unkindly bridled by physical disability.

Clinical Types of Mental Defect

The legal classification is, of course, an administrative one. It aims at giving the patients in each grade the environment and training appropriate to their needs. Clinically, grading according to intellectual capacity, though useful in some ways, is found to have no relation to the types of patient seen. This will be clear if some of the commoner forms of mental deficiency are described.

Simple amentia "Amentia" presumably means "absence of mind," but that phrase has another connotation, amentia is used as synonymous with mental deficiency. Simple aments are those who present no distinguishing features beyond mental defect. They form the great bulk of the population of hospitals and colonies for the mentally defective. They may be of idiot, imbecile, or feeble-minded grade, many of them will show some of the stigmata of degeneration, and others will have a normal appearance in every way.

Amentia with paralysis Many mentally defective patients are born with paralysis, usually of a stiff, or spastic type. One or both legs, one arm and one leg, or all four limbs may be affected in this way. Usually there is some power of movement in the affected limbs, and in the milder cases in higher

MONGOLISM

grade patients much improvements in power can be attained by orthopaedic surgery. Children who have been helpless can often be made to walk, and this is as much an advantage to a mentally defective person as to anyone else, especially if he is feeble-minded or a high-grade imbecile.

Mongolian amentia. This extraordinary condition tantalizes the wits of everyone who has to do with the mentally defective. Mongols usually occur in healthy families, where there is no history of mental defect, insanity or neurosis. It used to be said that a mongol always appeared at the end of a long family, and this was taken as evidence of some sort of failure of the generative powers. But this is not true; there are plenty of cases in which the mongol comes half way through a large family of normal children, and even where the mongol is the eldest child. The truth is that in many cases the parents are so alarmed at the birth of a mongol that they are afraid to have any more children. This fear is virtually groundless. It is exceedingly rare for more than one mongol to appear in a family. The mystery surrounding the cause of mongolism is deepened by the fact that cases of twins have been recorded in which one was a mongol and the other a normal child.

In appearance all mongols resemble each other. They have round bullet heads with flat faces and small flat noses; their eyes are tilted up at the outer corners giving them the mongolian look from which the condition takes its name. At one time there was thought to be a strain of mongolian blood in the families in which these patients appeared, but this idea was exploded when it was discovered that there are mongols even among the Mongolians. They commonly have a chronic infective condition of the eyelids, and they often squint. Their mouths are rather coarse, tending to sag open

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and display the tongue which is too large and covered with small fissures. They have soft, rubbery little hands from which the fingers seem to stick out like spokes ; their little fingers are said to be curved inwards, but they seldom are. Their skin is dry and mottled, and they have such extreme mobility at their joints that it is common to see a mongol child of three or four put his foot up over his shoulder if that position happens to be convenient for what he wants to do—wriggle out under the bar of a chair, for example. Mongols never grow to any great stature, and even when adults are seldom more than four-feet-eight or nine in height. They are delicate and most of them die before the age of twenty from some chest condition.

In disposition they are usually amiable, lively, fond of music, and affectionate. They like to imitate those about them, and one girl always took the stethoscope off the doctor when he tried to examine her, saying in the gruff explosive voice of the mongol "Let me, let me!" On one occasion she did her best to look down her own throat. A sick mongol is always very sorry for himself, and likes a lot of attention, usually he gets it, for mongols, especially when young, are likeable and popular. A few are bad-tempered and spiteful. They seldom exceed imbecile grade in intelligence, but a few are feeble-minded.

Microcephaly This condition, like mongolism can be diagnosed at birth. The infant has an abnormally small head, of a conical cocoa-nut shape, covered by a loose redundant scalp which can be pinched into folds. In comparison with his head his face looks large, and as he grows older his forehead and chin, receding rather sharply from his nose give his countenance a pointed mouse-like look. He has the profile attributed to Bertie Wooster, but with a brighter

MICROCEPHALICS

expression. In adult life the circumference of a microcephalic skull is seventeen inches or less, instead of the normal twenty-two and a half inches. Microcephalics usually remain very short in stature all their lives, and they may live to old age. They are usually imbeciles, but a few are more intelligent. In India all microcephalics are said to be dedicated to service at a certain shrine, where they are known as Shah Daula's rats. It was thought at one time that the sutures between the skull bones closed too early and prevented growth of the brain, and operations were performed to allow the downtrodden organ to expand. Actually the brain of the microcephalic is even smaller than his skull, so that these surgical measures were foredoomed to failure. They have been compared to an attempt to increase the stature of the bishop by taking the roof off the cathedral.

Microcephalics are vivacious, restless and friendly, their attention is easily distracted. There is usually a history of neuropathic heredity, and more than one microcephalic may appear in the same family. Sometimes there are five or six microcephalic brothers and sisters scattered through the same institution.

Cretinism In cretins the thyroid gland is defective or absent from birth. During the first six months of life the child appears normal because he is still profiting by the thyroid secretion which he obtained from the mother's circulation while he was in the uterus. At the end of six months he begins to deteriorate, and unless the condition is diagnosed and treated with thyroid by mouth, he will develop into a typical cretin. His nose will become flattened and puglike, with the nostrils pointing forward. His skin grows coarse, dry and thick. His eyelids are baggy, his tongue large and protruding, and pads of fat develop over the collar bones.

MENTAL DEFECT

His abdomen becomes swollen, his hair coarse and scanty. He ceases to grow in height, and his head becomes too large for his stunted body. His muscles are weak and flabby, and he may develop a humpback because the spinal muscles are too feeble for their work. Mentally, if untreated, he will be of idiot or low imbecile grade.

Fortunately this dismal picture is rarely seen to-day. The effects of thyroid are so dramatic in a cretin that nearly every mentally defective child is tried on thyroid for a time in his early years, in the hope that he will prove to be a typical one.

Theoretically, a sufficient dose of thyroid, given early and maintained through life, should restore the patient to a normal state and keep him well. But in practice, though it is possible to abolish all the physical signs of cretinism and to ensure normal growth and development, the intellectual functions do not respond to the same degree, and though the patient may show considerable mental advance he may still fall short of normal standards. Probably the defect of the thyroid gland is accompanied by some degree of congenital mental defect which cannot be remedied. Or possibly, during the first few months of life before the condition can be recognized, the increasing thyroid starvation has an adverse effect on the growing brain. At any rate, many cretins who are treated early and thoroughly, go through life as mentally defective patients in institutional care, though a few reach normal standards in physical and mental development.

Epilepsy with amentia Epilepsy is a common condition among the mentally defective. Patients may show both major fits, or convulsions, and minor fits, or *petit mal* attacks in which their eyes become fixed, they turn pale, and lose consciousness for a second or two without falling to the ground. When minor fits occur they are nearly always

THE DISTENDED BRAIN

associated with progressive mental deterioration, the major fits, which are much more alarming, seem to have a far less unfavourable effect on the mental capacity. Death in a succession of fits is not uncommon among epileptic mentally defective patients.

Hydrocephalus. The brain is normally bathed in cerebrospinal fluid which is formed inside its cavities, or ventricles, escapes from them by way of certain small channels, and is absorbed by the membranes enclosing the brain. If the channels by which it should escape are blocked, either because of some anatomical defect or because they have been sealed by inflammation, the fluid collects inside the brain and produces the condition of hydrocephalus. As the fluid inside the brain increases in amount it stretches and thins the brain tissue until the whole organ may be simply a thin bladder-like bag of fluid. The distended brain presses upon the growing skull, preventing the bones from joining together and driving them apart. The skull becomes distended in its turn and has a top-heavy globular appearance. The bulging brow gives the child the appearance of some learned professor, but his thinned atrophic brain cannot help him to support the illusion.

Usually the condition develops gradually after birth, as the ventricles of the brain become more and more distended with fluid. If it is present before birth the child can seldom be born alive except by Cæsarian section. Sometimes hydrocephalus appears after an attack of meningitis which has caused blocking of the channels by which the fluid normally escapes from the brain.

Hydrocephalics are usually gentle, tractable patients with charming dispositions. Their mental level depends on the degree of destruction of brain tissue, but even though this

MENTAL DEFECT

is great the patient may often be of imbecile rather than idiot grade, presumably because the hydrocephalic brain is a normal brain before disaster overtakes it, and its cells maintain their functions at normal level as long as they survive to do it

Congenital Syphilis. Syphilis is not a common cause of mental defect. Only about three per cent of patients in hospitals for the mentally defective fall in to the group of congenital syphilitics. Those who do usually display the physical signs of congenital syphilis in addition to mental defect. These signs include a depressed bridge to the nose, a square skull with round bosses of bone on the forehead and at the sides, fissures round the mouth and deep notches replacing the biting edge of the incisor teeth. Anti-syphilitic treatment has no effect on their mental condition. They are commonly of imbecile grade, and are likeable, willing patients.

Deprivation amentia. is said to occur in those who, lacking the sense of sight or hearing or both, are given no appropriate education. The brain, unstimulated, fails to develop. The heroic story of Helen Keller who, blinded and deafened by illness at an early age, has developed into an exceptionally intelligent woman, shows what success may be expected when education is appropriate. On the other hand it seems evident that a good many of the children born blind and deaf who are received into institutions were also mentally deficient from the start, so little response do they make even to specialized training. Those with a normal mentality are likely to find their way into schools for the blind or deaf. Patients who are both blind and deaf are fortunately rare.

The other distinctive types of mental defect, such as sclerotic amentia, *nævoid amentia*, *oxycephaly*, *gargoylism*

ORIGINS OF MENTAL DEFECT

and hypertelorism, are sufficiently rare to be omitted here.

Predisposing Causes

We are still blundering in the dark over the causes of mental defect. In a few cases we can assign a reason for the appearance of a defective child, but no general laws governing their genesis have come to light so far. The question of prevention is therefore a ticklish one, and is discussed more fully in the section on treatment. Here it seems appropriate to discuss shortly the factors which have been charged, from time to time, with producing amentia.

Neuropathic inheritance It is very common to find a history of nervous conditions among the relatives of mentally deficient patients. These nervous conditions include insanity, amentia, epilepsy and neurosis. Usually the parents of the patients are neither mentally defective nor insane, though they are quite commonly stupid, ineffectual people. This fact does little to simplify the problem of prevention.

Alcoholism Tredgold found a pronounced family history of alcoholism in 46.5 per cent of his cases; but nearly all of these had a neuropathic family history as well. It has already been said that alcoholism is more commonly a symptom of nervous illness than a cause of it, so that this finding proves nothing either way. Probably if the father is a convinced alcoholic or the mother drinks steadily throughout her pregnancy there is danger of producing a mentally defective child. In one French village married couples are said to spend their honeymoon in a state of permanent intoxication, and the incidence of mental defect among the first-born children in this jovial spot is extremely high. However, this standard is well beyond the level aimed at by the moderate

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toper, anyhow in this country ; it is quoted merely as showing the effect of massive doses of alcohol.

Tuberculosis. It can hardly be said that tuberculosis in the parents, existing as a solitary predisposing factor, is ever the cause of amentia. It is possible that the children of tuberculous parents may sometimes show the milder initial forms of nervous instability such as migraine and hysteria, though it is doubtful whether the tubercle bacillus can be blamed even for this. Tredgold found that where tuberculosis occurred in the family history of aments, there was always either a neuropathic or an alcoholic history as well.

The tubercle bacillus, however, has a relation other than causative to the mentally deficient. The death rate from tuberculosis among them is nearly four times as great as among the normal population.

Syphilis. It has been said already that syphilis is not a common cause of mental defect. It may be a contributing cause among patients with a neuropathic family history, and in a very small proportion of cases it may be the sole factor responsible.

Consanguinity. In-breeding was not regarded by the ancient pharaohs as undesirable, on the contrary, they considered it to be the only method of preserving the divine royal stock in its purity, and the race of kings who sprang from that stock were far from mentally defective. When first cousins wish to marry and rear children there can be no objection, provided both come of stout healthy stock, indeed the good qualities of their family are likely to be reinforced in their children, just as good points may be accentuated in a strain of horses by in-breeding. If the stock is not healthy, however, and especially if there are evidences of nervous instability among the members, the outlook is less favourable. Bad

THE PARASITIC CHILD

points can be reinforced as strongly as good ones, and the children of the union may show the accumulated drawbacks of both sides of the family. The woman invited to marry her cousin should look round upon their mutual kin and consider carefully. If this scrutiny does not put her off she is probably safe in going on with the match.

Age of Parents "Mental and physical stigmata of degeneracy are commoner in children born of parents under the age of twenty-six and over that of forty than in those born between those ages "

So far we have discussed possible causes of mental deficiency which may be supposed to act upon the "germ-plasm" itself, rendering it subnormal in some way even before conception takes place. But there are accidents which may occur to the developing ovum or to the infant after birth which deserve consideration. They may be conveniently divided into those occurring before birth, those occurring during the process of birth, and those occurring after the child is born.

Before Birth

Malnutrition of the mother This is of minor importance. The growing foetus is a parasite which can extract from the maternal blood stream nutrition sufficient to fulfil its own needs whether she is starving or not. Her physiological reserves are depleted willy-nilly to feed the child. In Austria, during the years following the war, when hundreds of women were gravely undernourished, it was repeatedly observed how an emaciated woman at term would give birth to a healthy child, well-nourished and of normal weight.

Mental shock to the mother It is difficult to believe that this

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factor can ever influence the mental development of the child. The child is a separate individual from the start; even its circulation is isolated from the maternal circulation. The exchange between the two partners of the symbiosis is one of food and waste products, not of ideas.

Injury to the foetus itself Injury to the growing foetus may occur from some interference with its nutrition—due, for example, to bleeding behind the placenta. Or some severe abdominal injury to the mother may actually damage the child in the uterus, but this must be extremely rare.

During Birth

Prolonged Labour Labour in any case is probably as severe a strain on the child as on the mother. No one would dream of squeezing an infant for an indefinite number of hours through a narrow passage, yet this is what occurs to the child during birth, and it is far from being a satisfactory system. Occasionally the child experiences such injury to the skull that small blood vessels in the membranes round the brain are ruptured, and cause damage to the tissues of the brain itself. This is one of the causes of mental defect coupled with paralysis.

After Birth

Injury Every mentally defective child seems to have a history of having been dropped on his head. But then so has nearly every normal child once you suggest the idea to his mother. The accident is not likely to be a cause of amentia unless it is serious enough to cause paralysis as well.

Convulsions Fits are more often associated with amentia than as a cause of it.

Infectious illnesses Occasionally mental development is

ARREST OF MENTAL GROWTH

arrested following a feverish illness in childhood such as pneumonia, measles, or typhoid. The infection which can usually be counted upon to cause an arrest of mental growth and a retrogression of character is, of course, encephalitis lethargica. Meningitis often leaves a child "simple," and may induce the onset of hydrocephalus.

XVI

TREATMENT OF MENTAL DEFECTIVES

No treatment will cure mental defect. The child starts life with an initial disability, and neither growth nor training will bring the functions of his defective mind up to normal standards.

Cretins are the only mentally defective patients in whom actual mental improvement (as distinct from relative mental improvement during the growing years), is seen as a result of treatment. Cretins given a regular and sufficient dose of thyroid will show a decided advance in intelligence and an even greater improvement physically, but they will only rarely achieve normal mental development. No other drug treatment has the slightest effect upon any type of mental defect. Sedative drugs will help to control the fits in epileptic amentia, but they will not improve the mental capacity of the patient, in fact, if they have to be given in large doses over a long period they will probably make him duller than he would otherwise be.

Treatment of mentally defective patients consequently resolves itself into training them to use the limited intelligence with which they are endowed to its best possible advantage. In the early months of life these patients are found to be backward, and each year they drop a little further behind the standards of others of their own age. They are like runners in a race, starting with an initial handicap and unable to run

MEASURING INTELLIGENCE

as fast as the other competitors ; they fall further and further behind, even though they are advancing at their own best pace.

Mental Testing

It is clearly convenient to have some measure of intelligence, so that the degree of deviation from the normal can be assessed. Tests for this purpose were first devised in France by Binet and Simon ; working with classes of normal children of different age they were able to draw up a set of questions for each year of life which children of normal attainments could answer. Later the system was taken up in other countries, and appropriate mental tests of the kind are now used freely here. The questions are very simple, well within the scope of the average child at each year of his life, and they aim at testing his general mental capacity rather than his school-learned knowledge. Since these tests are occasionally decried as unfair and misleading it may be appropriate to quote a few of the questions found in the scale in common use in England.

Age Three

The child should be able to point to his eyes, nose and mouth, to name some familiar objects, such as a watch, a penny, and a key, to say whether he is a boy or a girl, and to point out three objects in a picture.

Age Four

He should be able to make a rough copy of a square, to repeat four digits, such as 2 — 8 — 6 — 4, and to say what he would do if he felt cold, sleepy or hungry.

TREATMENT OF MENTAL DEFECTIVES

Age Five

He should be able to name colours ; to give his age ; and to tell the use of various things like a chair, a fork, and a pencil

Age Seven

He should be able to give the difference between wood and glass, an egg and a stone, a fly and a butterfly , to repeat five digits forwards and three digits backwards (3 — 6 — 2 for 2 — 6 — 3) , and to name the days of the week.

Age Ten

He should be able to detect the absurdity in such a statement as this : " The road from my home is downhill all the way to the station and downhill all the way back home " He should be able to draw a simple design from memory , to repeat six digits , and to say what he would do when asked his opinion of someone he doesn't know very well

Age Fourteen

He should be able to give the differences between a king and a president, showing that he recognizes that they differ in power, tenure of office and manner of succession He should be able to solve simple arithmetical problems , and to repeat seven digits

In addition to these straightforward mental tests, various performance tests have been devised which give the child a chance to show his practical and manual ability. The Porteus maze test, for example, can be used to assess foresight, and also, it is claimed, general intelligence ; the child has to trace his way out of a maze with a pencil, and this calls for planning

PERFORMANCE TESTS

and judgment. Another test requires the child to fit pieces of wood, cut into various geometrical shapes, into corresponding holes in a board. Many children can do this successfully at the age of five, and all normal children by the age of eight. Tests of attention may also be applied; the child is given a page full of letters printed indiscriminately and is asked to cross out every "O" which occurs in it, or he is asked to sort a pack of "snap" cards.

Another performance test is more amusing and not particularly easy to complete correctly, even for an adult. There is a test board showing a series of pictures representing the events in a schoolboy's day. The first pictures show him getting up, breakfasting and starting for school, and the rest carry him on through the day's doings. In each square hole has been left in the board which can be filled by a wooden block bearing the appropriate object—a clock, a book, a cap. But in each picture one of three blocks *might* be appropriate, but only one is the correct one. For example at breakfast, his strapped schoolbooks lie on the table beside him, in the next picture he is on his way to school, and a gap is left where a book is slipping from the strap. Two or three books are available to fill the gap, but the person tested has to look back at the former picture to realize that it is a *red* book which is required. This is a good test of observation, accuracy and speed.

From a summary of his success in his various tests it is possible to arrive at the "mental age" of the person tested. In average children the mental age and the real age will be identical, in more intelligent ones the mental age will be higher, and in backward children lower, than the real age. By dividing the mental age by the real age and multiplying the result by 100 a figure called the "intelligence quotient"

TREATMENT OF MENTAL DEFECTIVES

(I.Q.) is arrived at. In normal children the intelligence quotient will be 100. For example :

$$\begin{array}{rcl} \text{Mental Age} & - & 5 \\ \hline \text{Real Age} & - & 5 \end{array} \times 100 = 100 = \text{I Q}$$

In those who are more intelligent there may be an intelligence quotient of 110 or more

$$\begin{array}{rcl} \text{Mental Age} & - & 11 \\ \hline \text{Real Age} & - & 10 \end{array} \times 100 = 110 = \text{I Q.}$$

A backward child may give an intelligence quotient of only eighty or ninety. The intelligence quotient remains fairly steady throughout childhood in any given person, at whatever age it is assessed, and it therefore forms a useful index for the grading of mentally defective patients. The following classification is a fair guide to ability.

| | | |
|---------------|---|--|
| I Q above 110 | — | Superior intelligence |
| I Q 90 to 110 | — | Normal average |
| I Q. 80 to 90 | — | Dull and backward |
| I.Q. 70 to 80 | — | Borderline cases between dull and backward and feeble-minded |
| I.Q. 50 to 70 | — | Feeble-minded. |
| I Q 25 to 50 | — | Imbecile. |
| I Q under 25 | — | Idiot. |

Care and Training

If the defective child is to have the best chance of mental

METHODS OF TRAINING

development he must be in good physical health. Many of these children have physical deformities or disabilities which can be corrected by surgical treatment, and attention to their general physical health will help them to make the best of their limited powers. Imbeciles and idiots are best treated in colonies or hospitals, and are usually much happier in them than outside, where they are constantly damped by failure in competition with their fellows. In the hospital they are among their peers and they appreciate the change.

In the first four or five years they are trained simply in ordinary social behaviour. The mentally defective child takes a long time to acquire clean habits, to use a spoon to feed himself and to put on his own clothes. Idiots, of course, will never learn these simple functions, all their lives they will have to be fed and dressed and given full nursing attention. Imbeciles will usually acquire clean habits, occasionally becoming faulty when they are anxious or ill. Most of them will also learn to feed and dress themselves in time. Feeble-minded children will usually be clean and able to feed and dress themselves, by the age of five or six. They are suitable to be treated at home, and after the age of seven they can attend a special school. Mentally defective children are always late in learning to walk. Imbeciles usually get on their feet at about four, and many idiots, of course, never learn to walk, though their limbs are well-muscled and healthy, others are so much handicapped by paralysis that walking is impossible.

As soon as the child is sufficiently steady on his feet to get about without risk of being pushed over too often by his companions he can go to the hospital school. Here he will be taught to co-ordinate his movements, which are usually

TREATMENT OF MENTAL DEFECTIVES

clumsy, by means of simple handwork—threading beads, stitching coloured pictures upon cards, lacing, buttoning, and other kindergarten work, and later, needlework, knitting, carpentry and more complicated forms of handwork. He also takes part in drill and balancing exercises, singing and dancing. Simple music appeals very much to mentally defective children, many who cannot speak will hum tunes correctly, and some will mimic parrot-fashion the words which go with a tune, though they will make no attempt to use language purposively.

Higher grade imbeciles can learn to make a few letters and figures and sometimes to tell the time, but they do not learn to read and write. Feeble-minded patients can usually be taught in time to read and write simple words and to do elementary sums. Many of them can be trained to a trade or occupation provided it requires no initiative and is properly supervised. But they may need either institutional care or adequate home control in adult life because some of them so easily wander into antisocial behaviour—the boys into petty pilfering, arson and sexual offences, and the girls into prostitution.

All feeble-minded and many higher grade imbecile patients, enjoy social occasions—they are indefatigable party fans. In hospitals amusements can be arranged on a definite plan, and there are usually regular entertainments and outings for the patients as well as activities which have an educational value such as scout and guide companies.

Institutional Accommodation

One of the present difficulties in safeguarding the mentally defective, adults and children alike, is the shortage of institutions to receive them. The report¹ of the Departmental

AVAILABLE HOSPITALS

Committee on Mental Deficiency, published in 1929, quoted a 314,000 as the number of defectives in England and Wales. Residential schools, in 1926 (when the material for the report was collected) could only accommodate 2,000 feeble-minded children, whereas there were 23,250 who needed such care ; and there were more than 17,000 idiots and imbeciles who needed institutional care, but who were for the most part living at home. Among adult patients, 84,000 needed institutional care, and only about a quarter of them were in mental hospitals. Since then the position has probably improved as a result of the Mental Deficiency Act of 1927, but there is little doubt that the available institutional accommodation falls far short of the need.

Prevention

To prevent the birth of mentally defective patients is not as easy as it looks. Those who visit hospitals for low-grade patients have a favourite remark "What you need here is a lethal chamber". This simple suggestion is not likely to be adopted in our time, even if it were such an unqualified panacea as visitors seem to think. A second suggestion is that all mental defectives should forthwith be sterilized. This would be an extravagant procedure for those who in any case will spend their lives segregated in institutions, and would not, as a matter of fact, do more than touch the problem of mental defect.

Statistics show that not more than five to ten per cent, at the outside, of existing mentally defective patients were born of mentally defective parents. So that if every mentally defective person in the country, including those who will never have any opportunity for procreation, were to be sterilized the number of these patients in the next generation would

TREATMENT OF MENTAL DEFECTIVES

only be reduced by between five to ten per cent—a mere drop in the ocean.

There is evidence that mentally defective children are often born of parents with a psychopathic or epileptic family history, of rather dull and stupid parents, or of parents who come of stock with a poor social record, in the sense that there may have been recidivists, alcoholics and other difficult customers in the family. But no one would contemplate wholesale legislation to sterilize all the dull and backward members of a community; the prospect might become too personal. The idea of applying compulsory sterilization to criminals is exceedingly distasteful, savouring of the middle ages; and would in any case bring sterilization into disrepute as a therapeutic measure. Compulsory sterilization must therefore be left out of account as a method of preventing mental defect on any wide scale.

The introduction of voluntary sterilization has the same drawbacks, not only would it have very little effect on the problem as a whole, but it would be unlikely to make any wide appeal in the absence of strong persuasion; in which case the voluntary aspect would become rather a farce.

For some patients, however, the opportunity of voluntary sterilization would be a decided advantage. Feeble-minded men and women who might otherwise be required to spend their lives in institutions might well be trusted to outside care, in many cases, if there were no danger of procreation. No doubt some of them would marry, and this would be a good thing, for many high-grade girls are excellent domestic workers, and gentle and affectionate companions, as well as being healthy and physically comely.

The objection usually urged against this suggestion is that

THE CASE FOR STERILIZATION

if they had no fear of becoming pregnant these girls would quickly become prostitutes once they were released. It is, of course, a genuine danger but one which could certainly be avoided by means of a proper follow-up service. Another objection is that these patients would not be able to understand the issues involved, and undue persuasion would have to be used to get them to consent to the operation. That has not been the experience in California where the system has been extensively tried, and those who have to deal with feeble-minded patients usually feel that it would be possible to put the case in terms simple enough to appeal to them. In any case, if persuasion is ever justified, this seems to be a justifiable occasion for it, since it means the difference between a natural social life for the patient and a life under the restrictions of institutional care. No doubt some of these higher-grade patients prefer to live the sheltered and routine life of the hospital, but most of them long to be outside. They are nearly enough the equals of those abroad in the world to regret their own captivity, and it seems only fair that if they could be given their freedom without harm to the community they should be allowed to have it.

The methods of sterilization used in America leave very little to be desired on physical grounds. The reproductive glands are not interfered with in either sex, in males a part of the vas deferens is removed on each side, and in females a portion of each fallopian tube. The operation in the female is slightly more serious because it entails opening the abdominal cavity, but it can be performed with little difficulty or danger. The secretions of the reproductive glands which are necessary to health are not affected, and normal sexual feelings are unchanged.

TREATMENT OF MENTAL DEFECTIVES

Birth Control

Birth-control teaching is not yet having much influence upon the incidence of mental defect. Those who practise it at present are largely of the prudent type who are anxious to have small families and to bring them up to the best advantage their means will afford. Those who come of neuropathic or mentally backward stock are less likely to feel scruples of this kind or to exercise the same degree of foresight. Moreover, as we have already seen, many defective children are born of dull and often rather feckless parents, to whom the technique of existing contraceptive methods is scarcely suited. There is even the chance, though no direct evidence, that chemical spermaticides, if they fail in their purpose, may injure the germ cells in such a way as to be a possible cause of mental defect. Until some simple, trustworthy device, easily applied, is available it seems unlikely that birth control methods are going to have much effect on the number of mentally defective children born. Medical officers at birth-control clinics, however, have the research aspect of their work well in view, and there seems to be hope that they may ultimately find a simple, safe and efficient contraceptive. It would certainly be extremely valuable, for many of the records of family histories in hospitals for the mentally defective read like the following, taken at random.

Father normal Mother described as "of poor type"

- | | |
|--------------|------------------------------------|
| (1) Daughter | — Normal |
| (2) Daughter | — Imbecile in hospital care |
| (3) Son | — Feeble-minded at special school. |
| (4) Son | — Died of convulsions at 4 months |
| (5) Son | — Imbecile in hospital care |
| (6) Son | — Normal. |

TYPICAL FAMILY HISTORY

- (7) Son — Imbecile in hospital care.
- (8) Daughter — Imbecile in hospital care
- (9) Son — Imbecile in hospital care.

The youngest child was admitted to hospital at the age of two years and eight months because another child was expected. The last three children in the series are of slightly higher grade than their forerunners, and the hospital nurses express a hope of welcoming a really bright imbecile from this family in the long run.

Better living conditions and better education will no doubt also help indirectly, in the long run, to reduce the number of mentally defective children born, but it must not be forgotten that better housing and more effective ante-natal and infant care leads to the survival of many subnormal children who would otherwise die. There is no panacea for this problem at the present moment, and probably there never will be any complete and simple solution. It needs attacking from several directions, with patience and with only moderate hopes. Sweeping measures are not going to end it, even if we were willing to accept them in principle. Mentally defective people are a burden on the state, and so are the mentally ill, and a great many other sick people of all kinds. If we are civilized we must bear the responsibilities of civilization, we cannot, like savages, take a short cut. But we can aim at a steady, enduring improvement in which many partial remedies will have a place.

XVII

LEGAL SAFEGUARDS OF THE MENTALLY SICK

THE Mental Treatment Act of 1930 and the Mental Deficiency Acts of 1913 and 1927 are designed, among other things, to protect mentally ill or defective persons from being exploited by relatives or associates, and they succeed in this design. The Board of Control is responsible, under the Lord Chancellor, for seeing that these Acts are observed. Commissioners appointed to the Board are usually members of the legal or medical professions.

A person so ill mentally that he needs to be placed under special care and control must be certified as of unsound mind, and certification can be carried out in various ways.

Reception on Petition

He may be certified on the petition of a near relative (or friend if no relative is available) to a judicial authority, who must be either a judge, a stipendiary magistrate, or a justice of the peace appointed under the Lunacy Acts of 1890-91. The relative who presents the petition must have seen the patient within fourteen days and must also present to the magistrate

- (a) A statement of particulars about the patient
- (b) Two medical certificates certifying that the patient is of unsound mind.

THE PETITION

One of these medical certificates should be given by the patient's usual doctor, unless he happens to be related either to the patient or the petitioner. The second certificate must be signed by some other doctor who has made an independent examination. Both doctors must have seen the patient within seven days before the presentation of the petition to the judicial authority. Neither certificate must be signed by anyone who is to have charge of the patient in single care, who is interested in the payments made on the patient's behalf while he is under care, who is a regular medical attendant or manager at the institution to which the patient will be sent, or who is a near relative of anyone who is subsequently to have charge of, or receive payments for, the patient. Moreover, if the patient's usual doctor is going to attend him after certification he must not sign either of the certificates.

The medical certificates must contain evidence that the doctor, from his own knowledge, considers that the patient is of unsound mind, and must give the reasons which led to this opinion. These must be reasons which would satisfy anyone, not merely medical reasons. If the doctor writes: "The patient states that he is Julius Cæsar," that is evidence of a delusion, if, however, he writes: "The patient says I am a fool," that is unsatisfactory for purposes of certification, as there is no evidence to the contrary.

When the judicial authority receives these four documents—the petition, the statement of particulars and the two medical certificates—he signs a reception order authorizing some person to receive the patient into his institution or under his care. The patient has to be received into the institution within seven days from the date on which the order is given, or else the order expires, and the whole business must be done afresh.

LEGAL SAFEGUARDS OF THE MENTALLY SICK

Urgency Order

If a patient becomes suddenly violent or dangerous it may become necessary to put him under special care at very short notice, and for this purpose a reception order on petition is obviously unsatisfactory. He may then be certified on an urgency order. Only two documents are necessary for this purpose, a statement of particulars and one medical certificate. A near relative gives the statement of particulars and also gives authority for the reception of the patient into an institution for the insane. He must have seen the patient within two days of his reception into the institution. The doctor must have seen the patient within two days of signing the certificate, and the certificate only remains valid for two days. The patient can only be kept in an institution for seven days on an urgency order, so that a reception order on petition has to be completed within that time if it is necessary to detain him longer. An urgency order must therefore only be regarded as a preliminary measure to be used in emergency.

Summary Reception Order

Sometimes relatives will not face the need for certification of a patient who is dangerous to others and sometimes a certifiable patient may be found in circumstances in which he is being cruelly treated or neglected. In either of these cases he can be placed in an institution upon a summary reception order. Any constable or relieving officer who learns of the existence of such a patient must inform a judicial authority within three days. The judicial authority (usually a justice of the peace) directs two medical practitioners to examine

VOLUNTARY PATIENTS

and, if they think it necessary, certify the patient, and on receiving their certificates the justice signs an order for the reception of a patient into an institution for the mentally ill

Pauper lunatics and lunatics wandering at large are taken by the police to the observation ward of an infirmary. They are visited there by a judicial authority who, if he agrees that the patient is mentally ill, signs an order which permits him to be detained in the infirmary for not more than fourteen days. If he still needs mental hospital care at the end of that time the justice directs a doctor to examine him and certify him if necessary.

These are the chief methods by which a patient may be put under certificate. Two Commissioners of the Board of Control may also visit a patient and order his reception into an institution on the certificate of one doctor only, but this is a privilege which is rarely exercised.

Voluntary Treatment

. Many patients, however, though undoubtedly ill mentally, have still sufficient grasp of their situation to resent the idea of certification very keenly, though they recognize the fact that they need treatment. Their relatives are usually very loth to petition for their reception into hospital when they are in this state and formerly the situation used to be a deadlock, the patient remaining at home until he became so much worse that certification was the only course, or until his relatives could endure him no longer, and presented a petition. Under the 1930 Act, however, a patient of this kind may now be received as a voluntary boarder into any private or public hospital approved by the Board of Control. He must make a written application to the person in charge of the hospital.

LEGAL SAFEGUARDS OF THE MENTALLY SICK

into which he wishes to be received. Patients under sixteen may be received on the application of a parent or guardian, supported by a recommendation by a doctor. If the patient wishes to leave at any time he can do so by giving three days' notice in writing of his intention. This voluntary system has been of great advantage already in securing the early treatment of patients and will probably become steadily more valuable as the prejudice against mental hospitals fades from the public mind.

Temporary Treatment

Sometimes a patient is seen who has lost his power of making a decision temporarily, he is said to be without volition. Obviously he cannot, in such circumstances, become a voluntary patient, yet it may seem likely that he will recover in a short time, so that certification scarcely seems justifiable. Such a patient may be detained in hospital as a temporary patient upon the application of a near relative, and the recommendations of two doctors, one of whom must be approved for the purpose by the Board of Control. The conditions for this form of certification are rarely fulfilled, for the patients in whom volition is entirely suspended are rare, but it has its uses, for example in acute confusional states.

General Safeguards

Notice of admission of any patient has to be sent to the Board of Control within one day of his reception into any mental hospital or nursing home. A note on his physical and mental state must be sent within seven days of his admission; and a similar note at the end of the first month;

LEAVE ON TRIAL

after that, if the illness is prolonged or becomes chronic a report must be sent at the end of the first, second, fourth and seventh years, and after that five-yearly.

Discharge

A patient may be discharged in one of several ways. The most satisfactory way, perhaps, is after a period of leave at home on trial. This is usually recommended by the doctor when he thinks the patient is fit to face the strain of home surroundings, and if all goes well the patient returns to hospital for a final examination and is then discharged.

A patient may also be discharged on the signed undertaking of a relative or friend to look after him. This usually happens when the relatives become convinced that the patient would be better at home, and the doctor is not so sure of it.

An order for discharge may be made by three members of the visiting committee or two Commissioners of the Board of Control, but these authorities rarely find occasion to exercise their right. A patient may also be discharged to the care of the relieving officer of the union to which he is chargeable, or his discharge may be ordered by the person who made the last payment on his behalf unless the medical officer in charge of him certifies that he is dangerous and unfit to be at large.

Criminal lunatics are sent to Broadmoor. Those who recover before their sentence is complete may only be discharged on the authority of the Secretary of State.

Certification of Mentally Defective Patients

Those certifiable as mentally defective fall into the following

LEGAL SAFEGUARDS OF THE MENTALLY SICK

groups, and may be sent to an institution or placed under guardianship

(1) *Idiots and Imbeciles* The parent or guardian applies for certification

(2) *Feeble-minded persons and moral defectives* If the patient is under the age of twenty-one the parents make the application

(3) *A mentally defective person of any age or degree of defect who is* (a) found to be neglected, abandoned, without means of support or cruelly treated, (b) found guilty of any criminal offence, or who is ordered or found liable to be ordered to be sent to a certified industrial school, (c) undergoing imprisonment or penal servitude, or detention in a reformatory or industrial school, or in an inebriate reformatory, or who is detained in an institution for the insane or a criminal lunatic asylum, (d) an habitual drunkard within the meaning of the Inebriates Acts, (e) in receipt of poor relief at the time of giving birth to an illegitimate child, or when pregnant of such a child

The task of finding mentally defective patients falls upon the local education authorities, and is not always easy, for parents are often unwilling to admit that anything is wrong with their children. Once the patient has been recognized as such the education authorities must decide whether he is feeble-minded and therefore suitable for education in a special school, or whether he is of lower-grade, and suitable for reception into a hospital or colony for the mentally defective. They must notify the Local Authority (County or Borough Council) of any child over the age of seven who is incapable of benefiting from instruction in special schools and any child who, before or on attaining the age of six, is about to be discharged from a special school and will

MENTALLY DEFECTIVE OFFENDERS

suitable for detention in an institution or under guardianship.

Five documents are necessary to certify any person as mentally defective .

(1) The petition to a judicial authority signed by a relative or friend or an authorized officer of the Local Authority

(2) A statement of particulars

(3) A statutory declaration by the petitioner and at least one other person (who may be the doctor signing one of the medical certificates) stating (a) that the patient is defective within the meaning of the Act , (b) that he is subject to be dealt with under the Act, with reasons , (c) particulars of any previous petition under the Lunacy or Mental Deficiency Acts

(4) Two medical certificates, one of which must be signed by a practitioner approved for the purpose by the Board of Control

Mentally defective persons may also be detained by order of the court if they are convicted of a criminal offence, or by order of the Home Secretary, who may authorize the transfer to hospital of a patient from a place of detention, reformatory, industrial school or inebriate reformatory into which he may wrongfully have strayed.

It will be clear that the laws dealing with both the insane and the mentally defective are concerned to protect patients against wrongful disposal and detention.

They do not provide against one difficulty—the case of the patient who has recovered after a long mental illness but finds himself unwilling to leave the shelter of the mental hospital for the rough and tumble of the outside world . Every now and then a patient of this kind is found who would like to treat the hospital as a permanent club, and is generally such a

LEGAL SAFEGUARDS OF THE MENTALLY SICK

agreeable and charming member of it that it seems ungracious to urge him to leave it, especially as he may say he fears another breakdown if he takes up ordinary life again. Such patients would probably do well in colonies where life was simplified and responsibility limited, if any such were available. Unfortunately public mental hospitals are usually too crowded to be able to maintain them as permanent guests.

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